

INVOICE

VENDOR NAME:

Street Address 1 _____

Date _____

Street Address 2 _____

Invoice # _____

City _____ State _____ ZIP Code _____

PO # _____

Phone Number _____

Last 4 of Social/Tax ID Number: _____

BILL TO:

Foothill De Anza Community College District
12345 El Monte Rd.
Los Altos Hills, CA 94022

DATE	DESCRIPTION	AMOUNT
		\$
	TOTAL AMOUNT DUE	\$

Retiree under: STRS Yes No
 PERS Yes No

Signature (Required)

Make all checks Payable to Vendor.
Terms: Net 30 Days.