VENDOR CERTIFICATION

(Non-State Employee)

Remit to:

Name: _____ Date: _____

Street Address: _____ Order/Contract #_____

City/State/Zip: _____ Department Account #_____

I hereby certify that I have completed the work in the manner described below, and that payment should be made.

Total Amount Due $ _____

_____ _____ _____

Signature | Social Security or Federal ID Number | Date

I certify that the materials and/or services listed on this invoice have been received or performed in satisfactory condition and quality, and payment should be made.

_____ _____

Signature of Dean, Director or Vice President | Date

- This form must be signed and returned in order to process payment.
- PLEASE RETAIN A COPY FOR YOUR RECORDS
- Return to: Minnesota State University Moorhead, Business Office,1104 7th Avenue South, Moorhead, MN 56563.

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