

MSU Moorhead Authorized Representative to complete this section:

Vendor Name & Address: (must match the contract)	
Vendor #:	Vendor Email:
PO#:	Vendor Phone:
Start date:	Completion date:

This form is not valid if signed prior to completion date

Description of Event/Service(s) completed:
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Total Amount Due: \$

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

Dean, Director or VP Signature:	Date:
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Vendor to complete this section:

I hereby certify I have completed the work in the manner described above and payment should be made:

Vendor Signature:	Date:
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MSUM Staff – provide your preferred method: i.e., email, mail, etc.

Return this form to:
