

# INVOICE

Date:

California State University, San Bernardino  
Accounting Office  
5500 University Parkway  
San Bernardino, CA 92407

SERVICE PROVIDED:

Appropriate receipts to substantiate reimbursement request are attached.

AMOUNT DUE: \$ \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please type or print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip