NOTICE OF SERVICE PERFORMED

Please complete in detail and submit ORIGINAL to Accounts Payable in SH-105, along with invoice(s)

Contract/PO Number	Department	
Contractor/Vendor	Preparer Name	

Invoice Date	Description/Comments	PO Line Number	Invoice #	Total Amount
			Total Payment:	

Date of COMPLETION/ACCEPTANCE:

AUTHORIZED SIGNATURE	DATE
Printed Name of Approver:	