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:	

*The Authorized Approver is designated by the department/college who oversaw the service, and that individual must be able to confirm that services were completed satisfactorily. The authorized approver is not determined by DACS.