## **NOTICE OF SERVICE PERFORMED**

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

Contract/PO Number		Contractor/Vendor		
Department		Preparer Name		
Invoice Date	Description/Comments	% to Release <u>or</u> PO Line Number	Invoice #	Total Amount

	% to Release <u>or</u> PO					
Invoice Date	Description/Comments	Line Number	Invoice #	Total Amount		
			Total Payment:			

**Total Payment:** 

## Date of COMPLETION/ACCEPTANCE:

AUTHORIZED SIGNATURE	DATE
Printed Name of Approver:	