

# TEMPLATE INVOICE FOR PERSONAL SERVICES

Prepared For

Santa Barbara Community College District

721 Cliff Drive

Santa Barbara, CA 93109

Rev 2020-01-01

Date Prepared: \_\_\_\_\_

Payment Due by: \_\_\_\_\_

SBCC Purchase Order Number: \_\_\_\_\_

<b>VENDOR BILLING INFORMATION</b>	
The information below will be used to generate and sent payment. Failure to complete this section may delay payment.	
Vendor/Company Name	
Billing Address	
City, State and Zip Code	
Phone Number	
Email Address	

QUANTITY	DESCRIPTION & DATE(S) OF SERVICE	UNIT COST/ HOURLY RATE (if applicable)	TOTAL COST
<b>Total Invoice Amount</b>			

+++++++ INTERNAL USE ONLY – TO BE COMPELTED BY SBCC PERSONNEL ONLY ++++++

SBCC Accounting Dept - The services listed are authorized to be paid to the above vendor.

Printed Name

Signature

Date