

INVOICE for EXTERNAL TRANSACTIONS

(Print four (4) copies - two (2) to vendor , one (1) for department, one (1) for Business Services)

Please Remit To:



The University of
Montana

Federal Tax ID # 81-6001713
Missoula, MT 59812 -

Bill To:

Invoice #:

Address:

Date:

UM Acct #:

Provider:

Date	Job #	Description	Ordered By	PO#	Job Cost	Balance
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Total Due for this Invoice:

Information for University Use (Data Entry):

Index	Fund	Org	Acct	Prog	Description	Amount
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Instructions/Explanation:

VENDOR PLEASE RETURN ONE COPY OF THIS INVOICE WITH YOUR PAYMENT

O:Director/Adobe Banner Forms/Invoice