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| **Phone Fax**  | INVOICE |
| Invoice #Date: October 1, 2019 |

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| To:**University of Texas at San Antonio****One UTSA Circle****San Antonio, TX 78249** | For: |

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| DESCRIPTION OF GOODS RECEIVED OR SERVICES RENDERED | AMOUNT |
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|  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  Approved for Payment By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature) |  |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Printed Name) |  |
|  |  |
| TOTAL |  |

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| COMPLETE THIS SECTION AFTER SERVICES ARE PERFORMED: Contractor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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