

**STATE OF WEST VIRGINIA  
VENDOR'S INVOICE**

**BILL TO:**  
**SHEPHERD UNIVERSITY**  
**PROCUREMENT SERVICES**  
**PO BOX 5000**  
**SHEPHERDSTOWN, WV 25443**

**INVOICE NO.** \_\_\_\_\_

**NAME OF VENDOR:** \_\_\_\_\_

**REMIT TO ADDRESS:** \_\_\_\_\_

**FUND:** \_\_\_\_\_      **ORG:** \_\_\_\_\_      **ACCOUNT:** \_\_\_\_\_

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**SUMMARY OF EXPENSES TO BE PAID**

**TOTAL AMOUNT DUE TO VENDOR:** \_\_\_\_\_

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**I certify that the above account is just, due, and owing.**

\_\_\_\_\_  
**Vendor's Signature**

\_\_\_\_\_  
**Date**