

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

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

ENCUMBRANCE/REQUISITION NO.

INVOICE NO. _____

NAME OF VENDOR: _____

*The name listed here must be an **exact match** to the vendor's W9 and/or how the vendor is set up in the State's vendor system.*

REMIT TO ADDRESS: _____

*The address listed here must be an **exact match** to the vendor's W9 and/or how the vendor is set up in the State's vendor system.*

FUND: _____

ORG: _____

ACCOUNT: _____

SUMMARY OF EXPENSES TO BE PAID

DATE(S) OF SERVICE:

TOTAL AMOUNT DUE TO VENDOR: _____

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

*I hereby certify that the items listed hereon have
been received and are approved for payment.*

Vendor's Signature

Date

Signature & Date
Authorized Shepherd University Employee Confirming
Receipt of Goods And/Or Services

Printed Name