

INVOICE

TO: CALIFORNIA STATE UNIVERSITY, FRESNO
ACCOUNTING OFFICE
5150 NORTH MAPLE AVENUE M/S JA 58
FRESNO, CA 93740-8026

Date: _____

FROM: _____
(NAME) (Please Print)

(STREET)

(CITY) (STATE) (ZIP)

(PURCHASE ORDER NUMBER, if available)

Date(s) of Service _____

Description of Service Provided

	<u>AMOUNT</u>
<u>Master/Cooperating Teacher Reimbursement for one</u>	<u>450.00</u>
<u>3-4 unit course (maximum value \$450)</u>	<u> </u>
<u>Semester/Year</u>	<u> </u>
_____	<u> </u>
_____	<u> </u>
TOTAL	<u>450.00</u>

CERTIFICATION:

I CERTIFY THAT THIS IS A TRUE AND JUST INVOICE FOR WHICH PAYMENT HAS NOT BEEN RECEIVED.

PAYEE'S SIGNATURE