

# CONTRACTOR INVOICE

Date: \_\_\_\_\_  
Invoice #: \_\_\_\_\_  
Contract #: \_\_\_\_\_



Contractor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Department: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

| DESCRIPTION | AMOUNT   |
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|             | SUBTOTAL |
|             | TAX      |
|             | TOTAL    |

Make check payable to: \_\_\_\_\_  
Contractor Signature: \_\_\_\_\_

**EWU Use Only**

Dept. Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Index: \_\_\_\_\_ \$: \_\_\_\_\_ Approval: \_\_\_\_\_

Index: \_\_\_\_\_ \$: \_\_\_\_\_ Approval: \_\_\_\_\_

Index: \_\_\_\_\_ \$: \_\_\_\_\_ Approval: \_\_\_\_\_