

**VENDOR INVOICE FOR GOODS OR SERVICES
 RENDERED TO THE STATE OF CONNECTICUT**

CO - 17 REV. 10/2010

STATE OF CONNECTICUT
 OFFICE OF THE STATE COMPTROLLER
 ACCOUNTS PAYABLE DIVISION

PLEASE COMPLETE THIS FORM AND SEND IT TO THE

VENDOR: DEPARTMENT **BILLING ADDRESS** SHOWN ON THE PURCHASE ORDER

(1) BUSINESS UNIT NAME	(2) BUSINESS UNIT NO.	(3) INVOICE NO.	(4) INVOICE AMOUNT		
(5) DOCUMENT DATE	(6) INVOICE DATE	(7) ACCOUNTING DATE	(8) RPT. TYPE	(9) VENDOR FEIN/SSN ID / ADDRESS CODE	

VENDOR / PAYEE: FIELDS 9,10,14 and 18 ARE MANDATORY FOR PAYMENT

(10) PAYEE: PAYEE: ADDRESS: ADDRESS: CITY: STATE : COUNTRY: ZIP CODE :				(11) VOUCHER NO.
				(12) VOUCHER DATE
				PREPARED BY

(13) VENDOR COMMENTS

(14) GIVE FULL DESCRIPTION OF GOODS AND / OR SERVICES (TO BE COMPLETED BY VENDOR)	(15) QUANTITY	(16) UNITS	(17) UNIT PRICE	(18) AMOUNT

BUSINESS UNIT USE ONLY

(19) AMOUNT	(20) QUANTITY	(21) FUND	(22) DEPARTMENT	(23) SID	(24) PROGRAM	(25) ACCOUNT	(26) PROJECT/ GRANT	(27) CHARTFIELD 1	(28) CHARTFIELD 2	(29) BUDGET REFERENCE

(30) DEPARTMENT NAME AND ADDRESS	(31) PO NO.	(32) COMMODITIES RECEIVED OR SERVICES RENDERED - SIGNATURE
	(33) PO BUSINESS UNIT	(34) RECEIVING REPORT NO. (35) DATE(S) OF RECEIPT(S)

SHIPPING INFORMATION

(36) DATE SHIPPED	(37) FROM - CITY / STATE	(38) VIA - CARRIER	(39) F.O.B.
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