

CO - 17 REV. 10/2010

VENDOR: PLEASE COMPLETE THIS FORM AND SEND IT TO THE
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			

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

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

[illegible]

(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)

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