

**VENDOR INVOICE FOR GOODS OR SERVICES  
 RENDERED TO THE STATE OF CONNECTICUT**  
 CO - 17 REV 7/03 (STOCK NO 102-01)

STATE OF CONNECTICUT  
 OFFICE OF THE STATE COMPTROLLER  
 ACCOUNTS PAYABLE DIVISION

**VENDOR:** PLEASE COMPLETE THIS FORM AND SEND IT TO THE  
 DEPARTMENT BILLING ADDRESS SHOWN ON THE PURCHASE ORDER

(1) BUSINESS UNIT NAME <b>PDSM1</b>	(2) BUSINESS UNIT NO <b>98500</b>	(3) INVOICE NO <b>98</b>	(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 ADDRESS CITY STATE COUNTRY ZIP CODE	(11) VOUCHER NO  (12) VOUCHER DATE _____  PREPARED BY _____
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(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) GL UNIT	(22) BUDGET DATE	(23) FUND	(24) DEPARTMENT	(25) SID	(26) PROGRAM	(27) ACCOUNT	(28) PROJECT/ GRANT	(29) CHARTFIELD 1	(30) CHARTFIELD 2	(31) BUDGET
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(32) DEPARTMENT NAME AND ADDRESS	(33) PO NO	(35) COMMODITIES RECEIVED OR SERVICES RENDERED - SIGNATURE	
	(34) PO BUSINESS UNIT	(36) RECEIVING REPORT NO. )	(37) DATE(S) OF RECEIPT(S)

**SHIPPING INFORMATION**

(38) DATE SHIPPED	(39) FROM - CITY / STATE	(40) VIA - CARRIER	(41) F. O. B.
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