INVOICE

REMIT TO:

CONSULTANT NAME:

ADDRESS:

INVOICE#:

DATE:

**BILL TO**: UNIVERSITY OF DENVER

OFFICE OF RESEARCH AND SPONSORED PROGRAMS

2199 S. UNIVERSITY BLVD

DENVER, CO 80208

|  |  |  |
| --- | --- | --- |
| **AGREEMENT#** | **PURCHASE ORDER #** | **PAYMENT TERMS** |
|  |  | DUE ON RECEIPT |

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| --- | --- | --- | --- |
| **DATE(S) OF SERVICE** | **DESCRIPTION** | **RATE PER HOUR** | **AMOUNT** |
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|  | | **TOTAL DUE** |  |

I CERTIFY THAT SERVICES HAVE BEEN PROVIDED / COMPLETED AS DESCRIBED ABOVE. \_\_\_\_\_\_\_\_\_\_\_\_\_\_*SIGNATURE OF CONSULTANT*

I APPROVE PAYMENT OF THIS INVOICE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*SIGNATURE OF PI*