

PO# _____
Banner Invoice# _____

Internal Distribution:
Original - Accounts Payable
Copy - Department

INDEPENDENT CONTRACTOR INVOICE

Contractor: _____ Required for Payment: _____
Mailing Address: _____ SSN: _____
Or Employer ID Number: _____
Telephone: _____
Fax: _____

Date(s) of Service: _____
Description of Services: _____

Notes/Comments:

Fee	_____
Meals	_____
Airfare (First class or business will not be approved)	_____
Ground Transportation (Personal automobile will be reimbursed at current IRS rates only) (_____ miles @ _____ ¢)	_____
Lodging	_____
Other Expenses (Note: Expenses greater than \$25 will not be paid unless original receipts are attached)	_____
Total	_____

(Contractor must submit all original receipts to the hiring administrator)

Signature:

Contractor: _____ Date: _____