FLORIDA INTERNATIONAL UNIVERSITY FOUNDATION, INC.

INVOICE

Date: _____
Department: _____
Contact: _____
Telephone: _____

Project Name: _____
Project ID: _____
Account Number: _____

Vendor/Panther ID Number: _____
PAY TO: _____
_____
_____

Complete ONLY if payment is for services or other compensation:

Social Security Number: _____

Is vendor a student? ____ **YES** ____ **NO**
If yes, provide authorization from Financial Aid for payment.

AUTHORIZED SIGNATURE(S):

_____

_____

Print Name **Title**

Is vendor an FIU employee? ____ **YES** ____ **NO**
If yes, provide FICA matching. Payment will be processed through University payroll system.

Is vendor/student a non-resident? ____ **YES** ____ **NO**
If yes, must provide tax clearance from University Controller's Office,Tax Compliance Department, ext. 7-3079.

DESCRIPTION AND BUSINESS PURPOSE	AMOUNT
Check List:	
Proof of payment by payee ( ), Event notice/Agenda ( ), Detail meal/pymt receipts ( ),	
List of attendees ( ), Original receipts ( ), Senior signature ( ).	
TOTAL	$ -

Note: "Original" receipts/vendor invoice MUST be attached and sent to the Foundation office for all vendor payments. However, please note for travel and employee-related expenses: ensure that the automated travel authorization request has been approved and the expense reimbursement voucher is processed online. This invoice along with original receipts are to be faxed to 305-348-1355 and will be scanned into the Image Now system and reviewed by Foundation office.