



**INVOICE AND RECEIVING REPORT  
TECHNICAL SERVICES AND CONSTRUCTION CONTRACTS**

SUPPLIER NAME	
PROJECT NAME	
DATE	
PURCHASE ORDER #	
INVOICE #	
INVOICE DATE	
SUPPLIER ID#	
COVERAGE PERIOD: FROM / TO	

ACCOUNT NUMBER	
AMOUNT DISBURSED	

PARTIAL PAYMENT	
FINAL PAYMENT	

DESCRIPTION	AMOUNT
<b>TOTAL</b>	<b>\$</b>

**VENDOR'S CERTIFICATION:**

*I hereby certify that the work and/or services specified above have been furnished and received by the University of Louisville in accordance with the provisions of the above referenced contract.*

Contractor: \_\_\_\_\_

\_\_\_\_\_  
*Authorized Representative Signature*

**APPROVALS:**

Construction Manager \_\_\_\_\_

\_\_\_\_\_  
*Authorized Representative Signature*

Architect Firm Name: \_\_\_\_\_

\_\_\_\_\_  
*Authorized Representative Signature*

University Planning, Design & Construction:

\_\_\_\_\_  
*Authorized Representative Signature*