

INVOICE

Remit Payment To:

Vendor's name

Vendor's address

UCF Vendor #

DATE:

UCF PO #

Bill To:

University of Central Florida

Music Department

4000 Central Florida Blvd

Bldg 18, Room 205

Orlando, FL 32816-1354

Attention: Barbara Kelly-Hursey, Accountant

LINE ITEM #	DESCRIPTION	LINE TOTAL
1		
GRAND TOTAL		

(Vendor's signature)