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| VENDOR/PAYEE NAME **Street Address**  **City, ST ZIP Code** | inVOICE |
| INVOICE DATE5/3/2023 |  |

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| INVOICE NUMBER | P.O. NUMBER | REQUISITIONER | TERMS |
|  |  |  |  |

| QUANTITY | DESCRIPTION | UNIT PRICE | TOTAL |
| --- | --- | --- | --- |
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| --- | --- | --- |
|  | TOTAL |  |

**SEND ALL INVOICES TO** [**AP-CMU-POINV@ANDREW.CMU.EDU**](mailto:AP-CMU-POINV@ANDREW.CMU.EDU) **FOR PAYMENT**

**Reminders**

* **No dollar signs and commas should be used in the Unit Price or Total Fields.**
* **This Invoice should be set up to match the PO – if the amount is in Quantity – please do the same on this and make the Unit Price 1 and then the total for that line.**