

**STEPHEN F. AUSTIN STATE UNIVERSITY
ACCOUNTS PAYABLE
BOX 6085, SFA STATION**

Pay to: (name, address, city, ZIP Code)

F.E.I.N. OR S.S.N.

Delivery Date:

QUANTITY	DESCRIPTION OF ARTICLES OR SERVICES	ACCOUNT NUMBER	UNIT PRICE	AMOUNT
	Contact name	Phone no.	TOTAL:	

<p>AGENCY CERTIFICATION</p> <p>i certify that the above services were rendered or goods received; that they correspond in every particular with the contract under which they were procured; that the invoice is true and unpaid; and that the claim was presented to the state within the applicable limitations period.</p>		<p>Date approved for payment</p>	
		Name	Date
		Name	Date
Name	Date	<p>PRICES ABOVE ARE APPROVED State Purchasing and General Services Commission</p>	
Name	Date		
		By	