

BROWN UNIVERSITY

INVOICE

(REQUEST FOR CHECK)

Providence, R.I. 02912

PAY TO _____
 ADDRESS _____
 TO WHICH _____
 CHECK IS _____
 TO BE SENT _____

TODAY'S DATE _____

DATE PAYMENT
REQUIRED _____

ORIGINATING
DEPARTMENT _____

SHIP TO _____

QUANTITY	ITEMS OR DESCRIPTION	AMOUNT

CONTROLLER APPROVAL -	AUTHORIZED DEPARTMENT SIGNATURE -
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CONTROLLER USE ONLY	--- TO BE FILLED IN BY ORIGINATING DEPARTMENT ---	CONTROLLER USE ONLY
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1	5	6	7	12	22	30		58	65	66	67	68 69	70
VENDOR NO.	GEO.	PAY DATE	ACCOUNTING CODE	ACCOUNT DESCRIPTION	AMOUNT	C.C.	1099	G R R	S.C.				

SEND INVOICES IN DUPLICATE TO CONTROLLER BOX J FOR PAYMENT

SR #602