## THE UNIVERSITY CORPORATION, SAN FRANCISCO STATE

## P.O. BOX 320160, SAN FRANCISCO, CA 94132-0160 INVOICE FOR INDEPENDENT CONTRACTOR SERVICES

D.C. # Date:

Prior to any payment: Independent Contractor Agreement and questionnaire must be completed, approved, & authorized by Foundation

If this your first payment from the Foundation, please complete W9 as required by the IRS.

FUND #:		FN1 9100 -	980
PROJECT CONTACT:			
	MAKE CHECK PAYABLE TO:		
PROJECT PHONE #:			
	NAME :		
	(Last, First, Mi) ADDRESS:		
CHECK DISTRIBUTION/ SPECIAL HANDLING	CITY:	STATE:	ZIP CODE:
SPECIAL HANDLING	Legal resident of the United Sta	ates?	
	3		
Mail to payee's address	Yes No		
Hold/Call for pickup; ph #	Immigration Status:		
Flord/Call for pickup, pri #	F-1 J-1 Other	Passport #	
Other		•	
	If NO, this payment is subject to 37 % w	vithholding: PLEASE COMPLETE THE BA	ACK SIDE OF THIS FORM
Service was performed on the following specific date(s):			
2. Total amount due this invoice:			
2. Total almount due this invoice.			
3. If the nature of the services performed was significantly different than those described on the Agreement for the			
Performance of Independent Contractor, please describe in detail the services actually performed, on a separate sheet			
4. Certification regarding contracted services:			
		ave agreed to perform have	
I certify that the data supplied above are true and correct, and that the services I have agreed to perform have been completed. I am not currently employed by SFSU Foundation or SFSU.			
ALITHODIZED SIGNATURE	Data	CLAIMANT'S SIGNATURE	Data
AUTHORIZED SIGNATURE	Date	CLAIMANT'S SIGNATURE	Date
ACCOUNTING USE ONLY			
Vendor:	Acct:	002 01421	Enc Nbr:
Inv Nbr:	Inv Date:		Inv Amt:
P/F for Enc:	Rept Amt:		Dup Inv:
Spec Msg.			
Date Received By UCorp	Approved For Allowability	Date Received By A/P Dept.	A/P Processing
	Ву:		By:
	Date:		Date: