

<p>[Your Company Name]</p> <p>[Street Address] [City, ST ZIP Code] Phone [509.555.0190] Fax [509.555.0191] TAX ID: 95-1234567 CALIFORNIA SELLER'S PERMIT:</p>	<p>INVOICE DO NOT SEND ORDER CONFIRMATIONS, SHIPPING NOTICES OR PROFORMA INVOICES.</p> <p>INVOICE NUMBER: 123456 (MUST BE UNIQUE AND NOT REPEATED. AVOID USING CHARACTERS OR SPACES. CREDITS CAN REUSE THE SAME INVOICE NUMBER WITH "CR" AS A SUFFIX OR PREFIX.)</p> <p>INVOICE DATE: FEBRUARY 22, 2008</p>
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<p>BILL TO: UCLA Accounts Payable 10920 Wilshire Blvd, Suite 500 Los Angeles, CA 90024-6502 INVOICES SHOULD BE MAILED DIRECTLY TO ACCOUNTS PAYABLE REFLECTING A VALID PO NUMBER.</p>	<p>SHIP TO: PLEASE REQUEST SYSTEM GENERATED FAX COPY OF PURCHASE ORDER [Name] TO ENSURE THAT PO HAS BEEN POSTED AND YOU CAN VERIFY SHIPPING [Company Name] INFORMATION. YOU CAN ALSO VERIFY CONTACT INFO USING THE [Street Address] SELF-SERVICE WEBSITE: http://vendor.accounting.ucla.edu/ [City, ST ZIP Code] OR THE CAMPUS DIRECTORY AT: http://www.directory.ucla.edu/ [Phone]</p>
<p>COMMENTS OR SPECIAL INSTRUCTIONS: PLEASE PROVIDE ANY DETAILS THAT MIGHT HELP DETERMINE THE TAX TREATMENT OF THE ITEMS OR SERVICES. (E.G. SOFTWARE PROVIDED VIA DOWNLOAD NO TANGIBLE PRODUCTS PROVIDED.) IF THIS IS A CREDIT, PLEASE REFERENCE THE ORIGINAL INVOICE NUMBER AND PO SO THAT WE CAN APPLY CORRECTLY.</p>	

SALESPERSON	P.O. NUMBER	REQUISITIONER	SHIPPED VIA	SHIPPED DATE	TERMS
	OUR FORMAT IS: 1234 A BC567 YOU CAN VALIDATE PO # AT: http://vendor.accounting.ucla.edu/ ONLY ONE PO PER INVOICE	THE FULL NAME AND CONTACT INFO OF PERSON PLACING ORDER.			DISCOUNT INFO GOES HERE

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
	PLEASE PROVIDE A DETAILED DESCRIPTION AS TO WHAT WAS ORDERED.		
THE UNIVERSITY OF CALIFORNIA IS REQUIRED TO PAY SALES TAX FOR TAXABLE PURCHASES WITHIN THE STATE OF CALIFORNIA OR USE TAX FOR PURCHASES MADE OUTSIDE OF CALIFORNIA. IF YOUR COMPANY IS A CALIFORNIA REGISTERED VENDOR AND REQUIRED TO COLLECT SALES TAX, PLEASE PROVIDE YOUR CALIFORNIA SELLER'S PERMIT INFORMATION ON YOUR INVOICE. PLEASE BE SURE TO INCLUDE THE SALES TAX RATE THAT YOU ARE COLLECTING AT SINCE WE SERVICE MANY DISTRICTS.		SUBTOTAL	
		HANDLING	
		CALIFORNIA SALES TAX (RATE %)	
		SHIPPING/FREIGHT	
		TOTAL DUE	
<p>Make all checks payable to [Your Company Name] REMITTANCE ADDRESS Street Address City, ST ZIP Code</p> <p>If you have any questions concerning this invoice, contact [Name, phone, e-mail]</p>			