**VENDOR INVOICE FOR GOODS OR SERVICES RENDERED TO THE STATE OF CONNECTICUT**
CO - 17 REV. 10/2010

STATE OF CONNECTICUT
OFFICE OF THE STATE COMPTROLLER
ACCOUNTS PAYABLE DIVISION

**VENDOR:** PLEASE COMPLETE THIS FORM AND SEND IT TO THE DEPARTMENT **BILLING ADDRESS** SHOWN ON THE PURCHASE ORDER

| (1) BUSINESS UNIT NAME | (2) BUSINESS UNIT NO. | (3) INVOICE NO. | (4) INVOICE AMOUNT |
|---|---|---|---|
| | | | |

| (5) DOCUMENT DATE | (6) INVOICE DATE | (7) ACCOUNTING DATE | (8) RPT. TYPE | (9) VENDOR FEIN/SSN ID / ADDRESS CODE |
|---|---|---|---|---|
| | | | | |

**VENDOR / PAYEE:** FIELDS 9,10,14 and 18 ARE MANDATORY FOR PAYMENT

(10)
PAYEE:
PAYEE:
ADDRESS:
ADDRESS:
ADDRESS:
CITY: STATE : COUNTRY: ZIP CODE :

(11) VOUCHER NO.

(12) VOUCHER DATE

PREPARED BY

(13) VENDOR COMMENTS

| (14) GIVE FULL DESCRIPTION OF GOODS AND / OR SERVICES (TO BE COMPLETED BY VENDOR) | (15) QUANTITY | (16) UNITS | (17) UNIT PRICE | (18) AMOUNT |
|---|---|---|---|---|
| | | | | |

## BUSINESS UNIT USE ONLY

| (19) AMOUNT | (20) QUANTITY | (21) FUND | (22) DEPARTMENT | (23) SID | (24) PROGRAM | (25) ACCOUNT | (26) PROJECT/ GRANT | (27) CHARTFIELD 1 | (28) CHARTFIELD 2 | (29) BUDGET REFERENCE |
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(30) DEPARTMENT NAME AND ADDRESS

(31) PO NO.

(32) COMMODITIES RECEIVED OR SERVICES RENDERED - SIGNATURE

(33) PO BUSINESS UNIT

(34) RECEIVING REPORT NO.

(35) DATE(S) OF RECEIPT(S)

SHIPPING INFORMATION

| (36) DATE SHIPPED | (37) FROM - CITY / STATE | (38) VIA - CARRIER | (39) F.O.B. |
|---|---|---|---|
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