

**Jacksonville State University
700 Pelham Road North
Jacksonville, Alabama 36265-1602**

Invoice for Goods/Services
(Payment Due Upon Receipt)

Customer Name and Address:

Date of Invoice: _____ Amount: _____

Date Goods Delivered or Service Provided: _____

Type of Good/Service Provided: _____

Department Name/Number Providing Goods/Services: _____

JSU Account Number to Credit Payment: _____

Person to Notify Upon Receipt of Payment: _____

**To ensure proper credit, please return this invoice with payment to
Jacksonville State University
700 Pelham Road North
Bursar's Office
Jacksonville, Alabama 36265-1602**

For JSU Accounting Purposes Only

Date Payment Received _____ Amount Received _____