

Finance – One Washington Square – San José, CA 95192-0008

Main: 408-924-1558 Fax: 408-924-1892

*This form is used in conjunction with [Direct Payment and Employee/Student Reimbursement](#)<sup>1</sup> requests to provide additional information for supporting documents (i.e. receipts, invoices, request for payment of stipends, and guest speakers). Upload this form along with supporting documents for your request in [Financial Transaction Services](#)<sup>2</sup> (FTS). **Note:** The Generic Invoice is not required when supporting documents alone provide adequate information to process the request.*

**I. Requester/Campus Contact**

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Department: \_\_\_\_\_

**II. Invoice Information**

Invoice/Reference Number  
*(If no number, use the first 4 letters of payee's last name and date of service.):* \_\_\_\_\_  
 If this invoice is for services, indicate where service was performed:      California      Other  
 Date(s) of Service: \_\_\_\_\_  
 Purpose: \_\_\_\_\_

**III. Pay To (Payee)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Home Address  
 (number, street, city, state, zip): \_\_\_\_\_  
 University Affiliation:      Employee      Student      Other

**IV. Item Description** (Complete a line for each receipt to reimburse, or total fee for service.)

Service	Goods	Description	Amount

**Grand Total:** \_\_\_\_\_

**V. Certification/Requester Authorization**

I hereby certify that the above goods/services were provided or obtained specifically for San José State University business.  
 Payee/Requester Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> <http://www.sjsu.edu/finance/financeconnect/resources/pathways/index.html>

<sup>2</sup> [http://my.sjsu.edu/generic\\_invoice.doc](http://my.sjsu.edu/generic_invoice.doc)