

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

Main: 408-924-1558

*This form is used in conjunction with [Direct Payment and Employee/Student Reimbursement](#)¹ 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](#)² (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: _____

¹ <https://www.sjsu.edu/fabs/services/p2p/pay/index.php>

² <https://one.sjsu.edu/>