



# INVOICE

**Rice University**

Department  
 Attention  
 Address  
 Houston, Tx. 77005  
 Phone  
 Fax

INVOICE #

DATE:

TO:

SHIP TO:

COMMENTS OR SPECIAL INSTRUCTIONS: PLEASE SEE BILL OF SALE AND RELEASE OF LIABILITY.

SALESPERSON	P.O. NUMBER	REQUISITIONER	SHIPPED VIA	F.O.B. POINT	TERMS

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL

Please make check payable to **Rice University**

SUBTOTAL  
 SALES TAX  
 SHIPPING & HANDLING  
 TOTAL DUE


Deposit to:

Approved for transfer to	Fund-Org-Acct	Amount
_____	_____	_____
Katherine E. Collins, Vice President for Finance	Date	_____