

INVOICE

Date: _____

Name _____

Address _____

Accounts Payable Office
California State University, Sacramento
6000 J Street
Sacramento, CA 95819-6004

Item Description	Cost

Sales Tax	
Total Due	

These are expenditures for "IRA"
In accordance with Section
23801.3 of the Education Code
(AB 3116, Ch. 1541, Statutes of 1974)

Approval:

Immediate Payment Required _____

Paid by Trust Fund Check # _____

6000 J. Street, Sacramento, California 95819-6099 • (916) 278-6481 • (916) 278-5429 FAX