

Invoice for Per-Service Payments

Department budgetary approval must be received by the person arranging service. This form should be submitted within 30 days of services being rendered, unless check is required at time of service for non-UVA guests.

Name of Individual or Group providing service: _____

Tel: _____ E-mail: _____ UVA Employee: YES NO

Date of Performance/Service: _____

Type of Performance/Service: _____

Location of Event/Service: _____

Total hours of service/amount to be paid: _____

FOR NON UVA EMPLOYEES ONLY:

Home address where UVA will send payment or supplier number: _____

Check required at time of service YES NO {2 week notice required}

SIGNATURES: (Three signatures required for UVA employees only)

Individual Providing Service (UVA EMPLOYEES ONLY)

Person Arranging Service

Music Department Chair

{Office Use Only}

Pay Period LD Scheduled Assignment #

Entered in Workday on Pay Date PV#

E-mail Notice to Payee

PTAO _____