City of China Grove

Invoice Form

Date:

Department:

Vendor Name:

Vendor Address:

Vendor Contact Person:

Contact Phone:

Contact Email:

Remit To: (if different from Contact)

Budget GL Code:	Item Description	Quantity	Unit Price	Total
			Grand Total:	

Approvals:

Prepared By Signature & Date:

Department Head (if not the prepared by) Signature & Date:

City Secretary Signature & Date

Mayor Signature & Date (Grand Total equal or greater than $10,000)