<b>REMIT TO:</b> Consultant Name:			IN	<b>VOIC</b>
Address:				
			INVOICE DATE	
ВІ	Office of Research and S 2199 S. University Blvd Denver, CO 80208	Sponsored Programs		
AGREEMENT #	PURCHASE ORDER #		ent terms on receipt	
DATE(S) OF SERVICE	DESCRIPTION		RATE PER HOUR	AMOUNT
		Т	OTAL DUE	
I cartify that sar	vices have been provided/co	ompleted as described		
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