VENDOR CERTIFICATION
(Non-State Employee)

Remit to:

Name: _____ Date:_____

Street Address: _____

City/State/Zip: _____

Phone #: _____

Email Address: _____ Account #: _____

I hereby certify that I have incurred the following expenses that are described below, and that payment should be made.

_____

_____

_____

Total Amount Due $ _____

_____	_____	_____
Signature	Social Security or Dragon ID Number	Date

I certify that the materials and/or services listed on this invoice have been received or performed in satisfactory condition and quality, and payment should be made.

_____	_____
Signature of Organization Advisor	Date

- Receipts must be attached to this form.
- Return to: Minnesota State University Moorhead, Office of Student Activities, 1104 7th Avenue South, Moorhead, MN 56563.

an equal opportunity/affirmative action educator and employer

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☐ Mail check to the above address ☐ Pick up check in the OSA