



College | Social Sciences  
**César E. Chávez Department of Chicana/o  
 and Central American Studies**

**INVOICE FORM FOR VENDOR PAYMENTS**

Form must be completed by faculty member and emailed with invoice to Sandy Garcia,  
[sgarcia@chavez.ucla.edu](mailto:sgarcia@chavez.ucla.edu).

Faculty Name: _____	Today's Date: _____
Funding Source: _____	Amount: \$ _____

Payee/Vendor Name: _____	Email: _____
Has this payee/vendor been paid by UCLA before? [ ] YES [ ] NO	
If yes, please provide the VCK #: _____	
<i>Note: Please refer to the Vendor Payments section at <a href="http://chavez.ucla.edu/about/departmental-resources">chavez.ucla.edu/about/departmental-resources</a> for information regarding VCK #s</i>	
If no, payee/vendor must complete a W9. Is the W9 complete? [ ] YES [ ] NO	
Service(s) provided: _____	
<i>Examples: editing manuscripts, website revisions, etc.</i>	
Purpose of services (business justification):	
<i>Note: Please include the service(s) AND location where services were completed</i>	
_____	
_____	
_____	
_____	

<b>OFFICE USE ONLY</b>		
Invoice: [ ]	W9: [ ]	Date submitted: _____
Comments:		
_____		
_____		