

Invoice Date _____

Invoice # _____

INVOICE FROM

Vendor Name _____

Vendor Contact Name _____

Vendor Address _____

Vendor Phone Number _____

Vendor Email Address _____

#	DESCRIPTION OF SERVICES <i>Include date(s) of service and location</i>	TOTAL <i>Use currency code</i>
1		
2		
3		
4		
5		

Payment Methods (check only 1 box below)**GRAND TOTAL**

<input type="checkbox"/>	Credit Card <i>SAFA will provide you with a VISA credit card authorization form</i>
<input type="checkbox"/>	Wire Transfer <i>Include bank details below, SAFA will process the wire payment</i>

Please contact Study Abroad Finance & Administration (SAFA) if you have any questions or concerns.
P: 206.685.1438 | E: uwsafa@uw.edu

Required Bank Information for Wire Payments

Bank Name: _____

Bank Address: _____

Bank Routing Number: _____

Bank Account Number: _____

Account Holder: _____

Account Holder Address: _____

IBAN Number: _____

SWIFT Code: _____

Bank Required Text or Tax ID Numbers: _____