CATHOLIC RELIEF SERVICES – USCCB

**SUBSTITUTE INVOICE\***

 **Control Number: \_\_\_\_\_\_\_\_\_\_\_\_\_**

### Vendor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

# Vendor Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| Item No. | **Description** | **Quantity** | Unit**Price** | ExtendedAmount |
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|  |  |  |  |  |
|  | Total |  |  |  |

##

##### Payment Received by (Signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment Received by (Print Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*Note – Form is to be used only when an invoice is not furnished by vendor as per local standard practice.