CATHOLIC RELIEF SERVICES – USCCB

**SUBSTITUTE INVOICE\***

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

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

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

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

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

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##### 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.