

**SAN BERNARDINO COMMUNITY COLLEGE DISTRICT**  
**114 South Del Rosa Drive**  
**San Bernardino, CA 92408**  
**(909) 382-4000**

**PRO FORMA INVOICE**

CAMPUS/LOCATION:   \_\_\_CHC   \_\_\_SBVC   \_\_\_SBCCD

DATE: \_\_\_\_\_

VENDOR:   Name: \_\_\_\_\_

              Address: \_\_\_\_\_

\_\_\_\_\_

DESCRIPTION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PURCHASE ORDER NO:       \_\_\_\_\_

PURCHASE REQUESTION NO:   \_\_\_\_\_

BUDGET NUMBER:       \_\_\_\_\_

AMOUNT:                \$ \_\_\_\_\_

REQUESTED BY:        \_\_\_\_\_

(Name & Phone Number)

**OK TO PAY**

SIGNED:        \_\_\_\_\_

DATE:         \_\_\_\_\_

    \_\_\_Final Pay   \_\_\_Partial Pay