

INVOICE

BILL TO: SUNY Buffalo State
Accounts Payable
1300 Elmwood Avenue
Buffalo, NY 14222

DATE	DESCRIPTION	AMOUNT
	<p>Musician Services - Buffalo State Music Department</p> <p>Event/Ensemble: _____</p> <p>Performance Date: _____</p> <p>Make checks payable to:</p> <p>Name: _____</p> <p>Address: _____</p> <p>City-State-Zip: _____</p> <p>Phone Number: _____</p> <p>Email Address: _____</p> <p>NYS Vendor ID: _____</p> <p>_____ Signature</p>	
	AMOUNT DUE:	