

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 box below)

**GRAND TOTAL**

<input type="checkbox"/>	<b>Credit Card</b> <i>SAFA will provide you with a VISA credit card authorization form</i>
<input type="checkbox"/>	<b>Wire Transfer</b> <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: \_\_\_\_\_