Education Service Center
Region 19
El Paso & Hudspeth Counties

6611 Boeing Drive
El Paso, Texas 79925-1010
www.esc19.net

(915) 780-1919
FAX: (915)780-6537

STIPEND INVOICE (SS-BO-F015.0)

Vendor #:

First Name: _____ **Reference #:** _____

Last Name: _____ **Fund #:** _____

Address: _____ **S.S #:** _____

_____

Telephone #: _____

Description of Service	Date(s) of Service	Amount
	Total	

APPROVED FOR PAYMENT	SIGNATURE OF RECEPIENT

ORGANIZATIONAL APPROVAL **DATE** **SIGNATURE**

I HEREBY CERTIFY THAT THESE SERVICES WERE SATISFACTORILY RENDERED BY THE ABOVE NAMED PERSON AND THAT THESE CHARGES HAVE NOT BEEN PREVIOUSLY SUBMITTED.

I HEREBY CERTIFY THAT THE SERVICES OR GOODS DESCRIBED ABOVE WERE DELIVERED TO ESC-REGION 19. I FURTHER CERTIFY THAT I HAVE NOT RECEIVED PAYMENT FOR THIS SERVICE OR GOODS.