

CONTRACTOR:

Date: _____

Print Name

Federal Tax ID Number

Title

RECOMMENDED:

By: _____

Date: _____

Name:

Title:

Office:

APPROVED:

UNIVERSITY OF HOUSTON SYSTEM

By: _____

Date: _____

Name:

Title:

Office:

By: _____

Date: _____

Name:

Title:

Office:

By: _____

Date: _____

Name:

Title:

Office:

By: _____

Date: _____

Name:

Title:

Office:

By: _____

Date: _____

Name:

Title:

Office:

INVOICING ADDRESS

Facilities Planning & Construction

Attention: Financial Assistant

University of Houston System

4211 Elgin, Room No. 130

Houston, Texas 77204-1014

NOTE: When invoicing refer to Contract No. _____ and Account No. _____.