

REQUEST FOR ACCOUNTS RECEIVABLE INVOICE

Name of the person requesting the invoice

Requested By: _____

GL/SL Account: _____
Support Account: _____
Sub Code: _____

6 digit SL and
5 digit SA

(to be completed by Fiscal Office)

Date Billed: _____

Date the form is completed

Name

Name of company or individual being billed

Customer ID: _____

(to be completed by Fiscal Office)

Address 1

Address 2

Address 3

Complete address, city state and zip code of the company or individual to be billed

Dept. Ref: _____

Reference number assigned by requesting department for tracking purposes. Maximum of 7 characters allowed

City/State/Zip

Person to whom the invoice should be directed

PO #: _____

Purchase order number provided by the customer. If a copy of the PO is available, please attach

Contact Person

Description

Quantity

Cost/Unit

Total

A complete description of each item to be billed

Number of items being billed

Cost of each item being billed

Grand total of all items being billed

Total

