

# INVOICE REQUEST FORM

CAMPUS      FOUNDATION      ASI      SITE AUTHORITY      UGC

**ISSUE INVOICE TO:**

Name: \_\_\_\_\_

Attention: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Description (to appear on invoice):

**CI ACCOUNTS RECEIVABLE HANDLING INSTRUCTIONS:**

**ISSUE INVOICE VIA:**

Mail

Other

Email

Provide Email address(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DOCUMENTATION:**

**Include** Attached

**Do Not** Include Attached

**PAYMENT TERMS:**

Due Upon Receipt

Net 10 Days (N/10)

Net 30 Days (N/30)

Other Terms

\_\_\_\_\_

***Supporting Documentation must be attached to the request***

**CHARTFIELD:**

Account	Fund	Department	Program	Class	Project	Amount
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Total Request

Requested by: \_\_\_\_\_ Phone ext: x \_\_\_\_\_ Request Date: \_\_\_\_\_

Please submit completed requests to Michelle Hense – [michelle.hense@csuci.edu](mailto:michelle.hense@csuci.edu)

<b>Accounting Use:</b> Customer No. _____ Invoice No. _____
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