

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):

DISTRIBUTION:

Requestor to send invoice

A/R to send invoice

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 Jennifer Conkwright – jennifer.conkwright@csuci.edu

Accounting Use: Customer No. _____ Invoice No. _____