



AR/BI Invoice Request Form

Date: _____ (mm/dd/yyyy)
 Requested by: _____ Phone Number: _____
 Dept. Name: _____

Bill To:

Name: _____
 Address Line 1: _____
 Address Line 2: _____
 City: _____ State: _____ Zip Code: _____ Phone: _____ Fax: _____

Billing Details:

Description: _____

(PLEASE include matching back-up documentation with invoice request)

Quantity: _____
 Unit Price: _____
Total Bill Amount: _____

Accounting Information

The PeopleSoft chartfield(s) below will be credited the assigned amounts upon the completion of the invoice:

<u>Account</u>	<u>Fund</u>	<u>DeptID</u>	<u>Program</u>	<u>Class</u>	<u>Project</u>	<u>AMOUNT</u>

Please submit all requests to: **Aaron Ledesma in Student Financial Services**