



## 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: **Brian Schuck in Student Financial Services**