

**Invoice Request Form**

**Project/Object:** \_\_\_\_\_ / \_\_\_\_\_ \$  
\_\_\_\_\_ / \_\_\_\_\_ \$  
\_\_\_\_\_ / \_\_\_\_\_ \$  
**Total to be Billed:** \_\_\_\_\_ \$

**Purchase Order Number:** \_\_\_\_\_

**Agency to be Billed:** \_\_\_\_\_

**Send to Attn:** \_\_\_\_\_

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

**Date(s) of Service:** \_\_\_\_\_

**Description and/or Itemization of Charges:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Project Contact Person** \_\_\_\_\_ **Date** \_\_\_\_\_ **Phone Number** \_\_\_\_\_ **ZIP** \_\_\_\_\_

RETURN COMPLETED FORM TO CHICO STATE ENTERPRISES ZIP 0246

❖ ❖FOR CSE ADMIN. USE ONLY❖ ❖	
Descriptive Code: NB=15 char. customer name + description IB=peid + description IN=peid + customer name NI=customer name + peid NM=customer name only Description: _____	PEID NUMBER: _____ INVOICE NUMBER: _____ INVOICE DATE: _____ APPROVED BY: _____