

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 |
|-------------------------------|-------------|---------------------|------------|

Submit Completed Form to cseaccountsreceivable@csuchico.edu

❖ ❖ FOR CSE ADMIN. USE ONLY ❖ ❖

| | |
|-----------------------------------------|-----------------------|
| Descriptive Code: | PEID NUMBER: _____ |
| NB=15 char. customer name + description | INVOICE NUMBER: _____ |
| IB=peid + description | INVOICE DATE: _____ |
| IN=peid + customer name | APPROVED BY: _____ |
| NI=customer name + peid | |
| NM=customer name only | |
| Description: _____ | |