# Invoice Request Form

## This is an optional form that can be used when you need to initiate an invoice for miscellaneous goods, services, or reimbursable expenses. Route completed form to your Cluster Billing Specialist for entry into the Financial System.

**REQUESTOR INFORMATION:**

|  |  |  |
| --- | --- | --- |
| Requested by: |  | Date of Request: |
| Preferred method of contact:  E-mail  Phone  Fax |  | Phone Number: |
| E-mail Address: |  | Fax Number: |

**TYPE OF BILL:**

|  |  |  |
| --- | --- | --- |
| Non-Sponsored (001)  Sponsored Program Income (003) |  | Cluster/Bill Source: |

**CUSTOMER, ADDRESS, AND CONTACT INFORMATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| Customer Name: | |  | Customer ID: |
| Contact Name: | |  | Contact ID: |
| E-mail Address: | Phone Number: |  | Fax Number: |
|  | |  |  |
| Bill To Address: | |  | Address Location: |
| City, State, Zip: | |  |  |
|  | |  |  |
| Ship To Address: | |  | Address Location: |
| City, State, Zip: | |  | Tax Exempt?  Yes  No  *If yes, attach tax exempt certificate if not on file.* |

**General Billing Information:**

|  |  |
| --- | --- |
| PO Number: | Contract Number: |

**Billing Detail:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **Quantity** | **Unit of Measure** | **Unit Price** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **OR** describe the goods, services, or expenses to be reimbursed: |  | Amount to be billed: |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Special instructions or notes: |  |  |
|  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Fund** | **DeptID** | **Program** | **Account** | **FinEmplID** | **CF1** | **CF2** |
| Credit ChartString: |  |  |  |  |  |  |  |

**CLUSTER BILLING SPECIALIST USE ONLY:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date  Received: | Date Billed: | Invoice Number: | Amount: | Completed by: |