

**FINANCE DEPARTMENT  
ACCOUNTS RECEIVABLE  
BILLING REQUEST**

CUSTOMER # \_\_\_\_\_  
 CUSTOMER \_\_\_\_\_  
 ATTENTION \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_  
 STATE \_\_\_\_\_  
 ZIP \_\_\_\_\_

DATE \_\_\_\_\_  
 CUSTOMER PHONE # \_\_\_\_\_  
 PAYMENT DUE IN \_\_\_\_\_ DAYS  
 DEPARTMENT \_\_\_\_\_  
 BILLING CATEGORY \_\_\_\_\_  
 CHECK HERE IF RECURRING BILLING   
 CHECK HERE IF ACCOUNT CODING HAS CHANGED   
 CHECK HERE IF NEW BILLING CATEGORY

DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL	ACCOUNT CODING
<b>INVOICE TOTAL</b>			<b>\$</b>	

CONTACT/PHONE NUMBER \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DO NOT MAIL OUT INVOICE

FINANCE USE

ENTERED \_\_\_\_\_ BY \_\_\_\_\_ INVOICE # \_\_\_\_\_