CSUN | AS ASSOCIATED STUDENTS

A.S. REQUEST FOR INVOICE

INVOICE RECIPIENT INFORMATION

CSUN ☐   FNDA ☐   UCORP ☐   USU ☐   OTHER ☐

_____
Department or Other Entity to be Invoiced

_____   _____
Contact Person (Invoicing)   Phone/Ext

_____   _____
Email (legible)   Campus Mail Drop

_____
Address

_____   _____   _____
City   State   Zip Code

ACCOUNT	FUND	DEPT ID	PROGRAM	CLASS	PROJECT

INVOICE REQUESTOR INFORMATION

_____
Group/Dept. Requesting Invoice

_____   _____
Contact Person   Contact CSUN Email

_____   _____   _____
Campus Mail Drop   Extension #   Advisor Email

ACCOUNT	FUND	DEPT ID	PROJECT

INVOICE REQUEST DETAIL
INCLUDE DATES OF EVENTS, SERVICES ETC.

Date: _____

_____
_____
_____
_____
_____

TOTAL AMOUNT TO INVOICE $: _____

SEND INVOICE VIA:

| Campus/U.S. Mail ☐ | Email ☐ | FAX ☐ | Return to Requestor ☐ |

ACCOUNTING OFFICE AUTHORIZATION: _____