



### INVOICE REQUEST FOR OUTSIDE AGENCIES

University Hall 360 - Phone: (818) 677-3474 - Fax: (818) 677-2840 - Mail Code: 8334

Department Name: \_\_\_\_\_ Request Date: \_\_\_\_\_ Date of Service: \_\_\_\_\_ \*

*\*If the date of request is greater than 30 days of the date the service was provided, a justification is required with approval by the AVP of Financial Services.*

**I. BRIEF DESCRIPTION OF SERVICES PROVIDED:** \_\_\_\_\_

**Backup information and documentation is required; e.g. paid invoices, salary/benefits records, analyses, schedules of services provided.**

**II. NAME OF DEPARTMENT RECEIVING REVENUE:** \_\_\_\_\_

**Required Chartfields (salary, benefits and/or expenses):** \_\_\_\_\_ **Requisition No:** \_\_\_\_\_

Account: \_\_\_\_\_ Fund: \_\_\_\_\_ Dept ID: \_\_\_\_\_ Program: \_\_\_\_\_ Class: \_\_\_\_\_ Project: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

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Account: \_\_\_\_\_ Fund: \_\_\_\_\_ Dept ID: \_\_\_\_\_ Program: \_\_\_\_\_ Class: \_\_\_\_\_ Project: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

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Account: \_\_\_\_\_ Fund: \_\_\_\_\_ Dept ID: \_\_\_\_\_ Program: \_\_\_\_\_ Class: \_\_\_\_\_ Project: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Account: \_\_\_\_\_ Fund: \_\_\_\_\_ Dept ID: \_\_\_\_\_ Program: \_\_\_\_\_ Class: \_\_\_\_\_ Project: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Total Amount: \$ \_\_\_\_\_**

**Financial Approver:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department Contact:** \_\_\_\_\_ **Ext:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Mail Code:** \_\_\_\_\_

**III. NAME OF OTHER AGENCY TO BE BILLED:** \_\_\_\_\_

**Authorizer or PO No:** \_\_\_\_\_ **Agency Contact:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Ext No:** \_\_\_\_\_

**Address2:** \_\_\_\_\_ **Fax No:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Total Amount: \$ \_\_\_\_\_**

**~UNIVERSITY ACCOUNTS RECEIVABLE DEPARTMENT USE ONLY~**

**Date Received:** \_\_\_\_\_ **By:** \_\_\_\_\_ **Invoice No:** \_\_\_\_\_ **Invoice Date:** \_\_\_\_\_