

Date:

INVOICE REQUEST FORM

For Administration Dept. Only

INVOICE NO. _____

DATE DONE: _____

HOUSEHOLD NAME/HH# _____

PHONE (OPTIONAL) _____

COMPANY NAME _____

ADDRESS (LINE 1) _____

ADDRESS (LINE 2) _____

CITY, STATE, ZIP _____

EMAIL ADDRESS _____

EMAIL ADDRESS _____

EMAIL ADDRESS _____

Cost center:	GL Code	Job Code, IF ANY
_____	_____	_____

AMOUNT TO BE BILLED _____

WHAT IS THE INVOICE FOR? _____

ADDITIONAL INFORMATION *(special description's or detail you would like to see on the invoice). Rec trac has 500 spaces available*

EMAIL TO BILLED PARTY

MAIL OUT TO BILLED PARTY

PRINT YOUR NAME _____

DATE REQUESTED _____

SIGN YOUR NAME _____

DUE DATE, IF ANY *3 DAYS
NOTICE REQUIRED _____

SEND THIS FORM TO: Terry Bugas