



# BILLING REQUEST FORM

INVOICE # \_\_\_\_\_

Originator: \_\_\_\_\_ Date: \_\_\_\_\_

Due Date: \_\_\_\_\_ Customer Number: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Address\*: \_\_\_\_\_

City\*: \_\_\_\_\_ State\*: \_\_\_\_\_ Zip\*: \_\_\_\_\_

\*Do not fill-in if customer number has been assigned. Must fill-in if refund is to be issued.

Quantity	Description to appear on face of invoice	Price	Extension
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Purchase Order Number: \_\_\_\_\_ TOTAL: \_\_\_\_\_

Distribution Code:	Charge Code:	Amount:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

TOTAL: \_\_\_\_\_

Attention: \_\_\_\_\_

Special Instructions: Not printed on invoice.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_