AS ASSOCIATED STUDENTS
SAN DIEGO STATE UNIVERSITY

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	Total
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Purchase Order Number: _____ TOTAL: _____

	Distribution Code: (Fund-Div-Dept)	Charge Code: (Object)	Amount:
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

TOTAL: _____

Attention: _____

Special Instructions: Not printed on invoice.

_____

_____

04/14