

Auxiliary Accounting

5500 University Parkway, Auxiliary Accounting Department, Room 105-106
 San Bernardino, California 92407-2397
 Main (909) 537-7213 Fax (909) 537-7175

BILLING/INVOICE REQUEST

TO:

Name _____
 Attention _____
 Address _____
 City, State, Zip _____
 Phone No _____

REMIT TO:

Auxiliary Accounting Department
 5500 University Parkway
 Auxiliary Accounting Dept. Room 105-106
 San Bernardino, CA 92407-2397

Line #	Description	Qty	UOM	Price	Total Amount

Business Unit	Account	Fund	Dept	Program	Class	Project	Amount
Total							

Please attach documentation for this request.

(Note: All request for CSUSB Stateside must submit copy of PO with Invoice Request)

Interdepartmental Transfer
Please include Project Number

Prepared by *(please print)*

Phone or Ext

Email Address

Date of Request

 Authorized Account Signature Approval