



Complete the following form to request the creation of an Invoice to an external customer of the University for the sale of goods and services. Use this form for one-time request.

Customer No.:	WES	Bill Type:	
Customer Name:		PO No.:	
Attention To:		Contract No.:	
Address/ Street:		Phone No:	
		Phone Ext.:	
City:		Fax Number:	
Province/State:		Country:	
Postal Code:			

LINE NO:	DESCRIPTION	AMOUNT	HST
1.			
2.			
3.			
4.			
5.			
	Currency Code		TOTAL

Chartfields are assigned by Line No.

LINE NO:	SPEEDCODE	Account	Fund	Dept ID	Program	Project/Grant
1.						
2.						
3.						
4.						
5.						

Requested By:	
Department:	
Phone:	
Fax:	
e-mail:	

Mail Invoice Directly to Customer, and file copy sent to Department:

Return Invoice to Department for Mailing to Customer

Fax completed form to the Accounts Receivable Office