

Invoice Request Form

New Request

Adjustment

Write-Off

If adjustment or write-off, please reference invoice number

Section 1: Requester Information

Requester Name:

Extension #:

Title:

Department:

Section 2: Customer Information (Bill To)

Contact Name

Bill To Name

Email Address

Address (Street Number)

Phone Number

City

State

Zip Code

Account Number	Object Code	Invoice Line Item/Text (Will appear on invoice)	Amount
Invoice Total			

Description

Due Date:

Upon Receipt

Net 30 Days

Section 3: Additional Invoice Text (Will appear underneath line items on invoice)

Section 4: Authorized Signer

By signing below, you agree to the following:

- All supporting documentation is attached to the request.
- The requester is responsible for collecting balances under 45 days outstanding.
- Foundation Accounting will contact the customer directly for collection if the balance surpasses 45 days outstanding.

Authorized Account Approver

Signature

Date

Foundation Accounting Approver

Signature

Date