

Billing Request Form To be completed by Requestor

- ☐ Request for Operations Invoice (Please return completed form to Finance, CC 3rd floor)
☐ Request for Research Invoice (Please return completed form to Research Accounting, CC 3rd floor)
☐ Request for ACE Invoice (Please return completed form to Finance, CC 3rd floor)
☐ Request for Regent Invoice (Please return completed form to Finance, CC 3rd floor)

Customer Information: (* Mandatory Fields)

Banner ID _____ HST# * _____ (new customer only)

Name * _____

Address * _____

Invoice Date * _____

Billing Information:

Contact Name * _____ (include phone# and email address)

P.O. # (if applicable) * _____

Description * (enter text exactly as it is to appear on invoice):

Charge Details: *indicate currency _____

Detail code: _____ ☐ (to be created)

Base amount before taxes	\$ _____
HST (13%)	\$ _____
Total Incl. taxes	\$ _____

<u>Fund*</u>	<u>Org*</u>	<u>Account*</u>	<u>Amount *</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

For Internal Use Only: (to be completed by Requestor)

Contact Phone # (does not appear on invoice) _____

Contact e-mail (does not appear on invoice) _____

Requested By: _____
 Date: _____

Authorized By: _____ (please sign)
 Date: _____

☐ Please mail attached document(s) with invoice.

Please do not send invoice out. Return to requestor.