

Billing Request Form

To be completed by Requestor - Send completed form to tradeair@ontariotechu.ca

- Request for Operations Invoice
- Request for Research Invoice
- Request for ACE Invoice
- Request for Regent Invoice

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	\$ _____

Fund*	Org*	Account*	Amount *
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Requested By: _____

Authorized By: _____

Please email attached document(s) with invoice.

Please do not send invoice out. Return to requestor.