

Billing/Invoice Request Form

Requested By: _____ Ext. _____ Date: _____

Event/Reason for Invoice: _____

CSFPF Account Number: _____ Payment Type: Non-Gift

(Submit to Foundation@fullerton.edu)

Gift

(Submit to giftadmin@fullerton.edu)

Send Invoice To

Name: _____

Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Invoice Details

Qty.	Unit Price	Description/Purpose	Total Amount

• Authorized Signer : _____

• Advancement Services Signature approval (If this is a GIFT related

Invoice request): _____

• Comments: _____

Accounting Office Use Only

Date Received: _____

Date Sent: _____

Void Date: _____

Initial: _____