

This form is used to generate a bill or invoice for an external (organizations not related to CSUF) or internal (CSUF unit, department, college, the University (CSUF,) and or its auxiliaries (ASC, ASI)) entity. Submit to foundation@fullerton.edu

REQUESTED INFORMATION

Requested By: _____ Phone/Ex: _____ Date: _____

Event/Reason for Invoice: _____

CSFPF Account Number: _____ Payment Type: Non-Gift Gift

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: _____

Comments:

Accounting Office Use Only	
Date Received:	_____
Date Sent:	_____
Void Date:	_____
Initial:	_____