

*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](mailto: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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Accounting Office Use Only</b>	
Date Received:	_____
Date Sent:	_____
Void Date:	_____
Initial:	_____