

Finance Division

Purpose of this Form: To invoice for non-sponsored and non-gift related activity.

Have services been rendered or the product delivered? _____

If **NO**, provide a duration start and end date: Start Date: _____ End Date: _____

Contact Information

Prepared by: _____ Date: _____

Organization: _____ Phone Number: _____

Customer Information

Invoice Distribution: _____

If distributing to customer, should attachments be required with the invoice? _____

Customer Name: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Attention: _____

Invoice Line Description	Amount
Invoice Amount:	

Revenue Information

GL Amount	Object Code	Funding Source #	Function	Activity	Organization	Entity

For non-sponsored award invoicing (funding source = 000005, 061000, 062000, 064000, 065000, 066xxx), provide the **Project, Task, and Award:**

_____ - _____ - _____

Authorization (must be different from preparer)

Authorizer _____ Signature _____ Date _____

Title _____

Finance Division Use

AR processed: _____ Date: _____

Customer Number: _____ Invoice Number: _____

Please attach supporting documents such as an agreement or relevant email to facilitate the processing of this request.

Submit completed form to Accounts Receivable at univar@andrew.cmu.edu.