

EASTERN MICHIGAN UNIVERSITY

Request to Invoice

Last Revision: 10/23/2009

Please fill out **all** information and submit to the General Accounting Department (212 Hover) for processing. If you have any questions, please call 734-487-1321 for assistance.

Copies of support documents (PO, contract, application, etc) must be attached.

Note: Only limited information can be provided on invoice.

It is suggested you include a Statement of Services/Goods, which will be included with the invoice.

Company Name:					
Street Address: (address invoice to be mailed to)					
City:		State:		Zip Code:	
Contact Name:			Contact Phone Number:		
Contact Email:					
Invoice Details:	Fund Code:	Orgn Code:	Acct Code:	Amount:	
Department Contact:	Department:	Department Address:		Department Phone:	
Authorized by (Print):			Authorized Signature:		
Please indicate source of money:	<input type="checkbox"/> Federal	<input type="checkbox"/> Non-Federal	Date:		
Forward Original Invoice to:	<input type="checkbox"/> Vendor <input type="checkbox"/> Department (department will forward invoice to vendor) <small>Note: If Department will send invoice to Vendor, Department must send Original Invoice provided by Accounting</small>				
Special Instructions:					

GENERAL ACCOUNTING USE ONLY

Date Received:	Received By:	Detail Code:	Invoice Number:	Date of Invoice:	Input by:	Date Mailed: