MOTT COMMUNITY COLLEGE
Invoice Request Form

Date: _____ | ***ACCOUNTING USE ONLY:***

Requestor: _____ | **AR TYPE:**

CUSTOMER ID# (if known): _____

BILLING NAME & ADDRESS: _____

_____

_____

_____

ACADEMIC TERM FOR BILLING: _____

ACCOUNTING USE ONLY: **Financial Aid Award #:** _____

-or-

AR CODE	12-DIGIT ACCOUNT #:	DESCRIPTION	AMOUNT
		INVOICE TOTAL:	$ -

Requesting Signature: _____

Please check all that apply:

(If not noted original will be mailed and copy sent to initiator)

_____	**PLEASE SEND ATTACHMENTS (enclosed)**
_____	**NO ATTACHMENTS NEEDED**
_____	**MAIL ORIGINAL INVOICE**
X	**DO NOT MAIL INVOICE/RETURN TO:** _____

CUSTOMER PAYING BY CREDIT CARD:

Name on Card: _____

Card Type: _____

Card #: _____

Card exp date: _____

Contact person/telephone no: _____

--SEND TO Mary Brown--CM1028--

6/2009