MOTT COMMUNITY COLLEGE
Invoice Request Form

Date: _____
Requestor: _____

ACCOUNTING USE ONLY:
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 Karen Amore--CM1028--