

# MOTT COMMUNITY COLLEGE

## Invoice Request Form

Date: \_\_\_\_\_  
Requestor: \_\_\_\_\_

<b>ACCOUNTING USE ONLY:</b>
<b>AR TYPE:</b>

**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
<b>INVOICE TOTAL:</b>			\$ -

**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  
 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--**