**DEPARTMENTAL REQUEST FOR BILLING**

Please complete so that the College Finance Department may send out a billing for services

or materials rendered.

Person/Company:

Mailing Address:

City/State/Zip:

Email: Email invoice (Y or N):

Purchase Order #:  Telephone:

Items/Services:

|  |  |  |
| --- | --- | --- |
| **Description** | **FOAP** | **Dollar Amount** |
|  | xxxxxx-xxxxxx-xxxxxx-xxxxxx |  |
|  |  |  |
|  |  |  |
|  |  |  |

Department Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LCC Extension \_\_\_\_\_\_\_\_\_\_\_