



INVOICE REQUEST FORM

(please complete in full & submit request to Financial Services accountsreceivable@ecuad.ca + include any supporting documents)

Date: _____
 Organization Name: _____
 Contact Name: _____
 Address: _____
 (full details required) _____

 Postal Code: _____
 Email: _____
 RE: _____

Copy of invoice returned to you? **Y** **N**

For Financial Services Use Only

Customer Number:	
A/R Type:	<u>01 04 25</u>
Invoice Number:	_____

Phone Number: _____
 Fax Number: _____

GL Number	Description of Goods/Services	Amount to Charge (before taxes)	Applicable taxes	
			GST	PST

Sub-total _____
 (before tax(es)
 calculated)

Requested by: _____

Department: _____

Inv entered by: _____