

Request for Billing Services

TO: Fiscal Services Department – Accounts Receivable/Billing Services

FROM: _____
(School or Department)

Please invoice the following agency for reimbursement of the following expenses, or for individuals on loan to that agency as follows:

Agency or Fund to be Invoiced: _____

Attention To: _____

Address: _____

City/State/Zip: _____

Reimbursement for:

Description: _____

Invoice for the following dates: _____

Invoice Frequency (check one): *Single Billing* *Monthly (12-pay)*
 Quarterly *Annual*
 Monthly (10-pay)

Invoice For (check all that apply): *Salary & Wages* *Stipend*
 Statutory Benefits *Other Expenses (specify)*
 Health & Welfare Benefits
 *Substitute Salary & Benefits**

*Sub Name _____ Teacher Name _____

Budget Account # to be Credited: _____

Amount to be Billed: _____

Other Applicable Information: _____

Authorized By: _____ **Date:** _____
(Signature)

(Note: Attach a copy of the agreement or authorizing document)