



Billing Request Campus Use ONLY

Sonoma State Financial Services - Revised 03-04-19

Date

Name of Individual or Company to Bill

Attention

Address Street

Address Street

Address City/State/Zip

SSN, Emple ID or Tax ID Number

Phone

Customer Email

Contact Name

Description of what to bill for:

Business Unit

Account	Fund	Dept ID	Program	Class	Project/Grant	Amount	Tran/Item
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TOTAL

Comments

Special Instructions

Prepared By

Prepared by Email

Approved By

Department Name

Phone

➤ Attach Purchase Order, backup, or other required papers to mail with invoice and send by interoffice mail to: **Attn: Accounts Receivable**.
 If no paper attachments need accompany this form, you may send the completed form as an email attachment to:
accountsreceivable@sonoma.edu or select the button below: