



STANDARD INVOICE REQUEST FORM

Please type or Print carefully. Thank you.

| | |
|------------|--|
| Department | |
| Date | |

Sold To:

| | |
|---------------------------|--|
| Company | |
| Street | |
| | |
| City, ST, Zip | |
| Attention | |
| Company Contact | |
| E-mail Address | |
| Phone Number | |
| *Accounts Payable Contact | |
| Phone Number | |
| E-mail address | |

*If different from the Company Contact person

| | | | | | | |
|-------------|--|--|--|--|--|--|
| Fund | | | | | | |
| Department | | | | | | |
| Program | | | | | | |
| Account | | | | | | |
| Proj/Grant | | | | | | |
| Description | | | | | | |
| | | | | | | |
| Amount | | | | | | |

Prepared By:

| | |
|-------|--|
| Name | |
| Phone | |

Email the completed form to qb-invoices@uwm.edu.