



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							
Org							
Program							
Account							
Proj/Grant							
Description							
Amount							

Prepared By:

Name	
Phone	

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