

Request for an External Invoice for Multiple Vendors

Date: _____ Requested Date of Invoice: _____

Customer ID	Customer Name	Mailing Address	Quantity	Description	Amount (\$)	HST (\$)	Total (\$)

HST exempt?

Return to department for mail out

Is this cost recovery?

Mail from Financial Services

Material to accompany invoice?

Departmental Account #:	Amount (\$)

Authorized By: _____

Print Name: _____

Faculty/Department: _____

Phone Number: _____

Financial Services Use Only:
Research: _____
Student: _____
General: _____