

Request for an External Invoice

Invoice Date: _____ Invoice Number: _____

Customer Information	
Customer ID:	
Customer Name:	
Mailing Address:	
Email Address:	
Phone Number:	
To the Attention of:	

Quantity	Description	Amount (\$)

Departmental Account #	Amount (\$)

Subtotal: _____

HST: _____

Total: _____

For Goods/Services Rendered By	
Faculty/Department:	
Authorized By:	
Print Name:	
Phone Number:	

HST Exempt?

Cost Recovery?

Mail Hard Copy?

Please note: All invoices will be sent by email unless otherwise specified