



INVOICE REQUEST

Customer Name and Address:

Customer Contact:

Customer P.O. #:

KPU Contract:

Fund Code	Organization Code	Account Code	Description	Amount
100		2321	GST (if applicable)	
100		2310	PST (if applicable)	
TOTAL TO BE INVOICED				

Additional Comments:

Name: _____

Dept: _____

Date: _____

A/R USE ONLY
Invoice #
ID#
JE#

PLEASE RETURN TO ACCOUNTS RECEIVABLE UPON COMPLETION
EMAIL: Accounts.Receivable@kpu.ca Fax: 604-599-2338