



SAN LUIS COASTAL

UNIFIED SCHOOL DISTRICT

Accounts Receivable Invoice Request Form

Name of Vendor to Invoice:

Address:

Description:

Amount to Charge:

Acct Code for Receipt of Funds:

When would you like the invoice?

**Is this a revision to an invoice
already prepared?**

If so, what was the original invoice #

Please mail invoice.

Please email invoice to me. I will send it out.

(Signature of person requesting invoice)

(Date of request)