

INVOICE REQUEST FORM

Please email the completed form to <u>finance@unbc.ca</u>.

UNBC Department	Information						
Date:							
Contact Name:							
Email:							
Department:							
Organization/Cust	omer Informo	ition					
Company Name:							
Contact Name:							
Address:							
City:	Province: Postal Code:				э:		
Email:							
Description of Cho	ırges						
Date of charges/reference date:						Amount	
Description:						\$	
Description:						\$	
Description:						\$	
Description:						\$	
					Total	\$	
Are taxes included in the price? Y N If no, please check the applicable taxes: GST					PST	None	
UNBC Authorizatio	n						
FUND:	ORGN:		ACCT:	CCT: PROG:			
Signature:	nature:			Signing authority name:			