WESTERN KENTUCKY UNIVERSITY
DEPARTMENT REQUEST AND INVOICE

DATE INVOICED _____

VENDOR NUMBER _____

COMPANY NAME _____
ATTN TO _____

ADDRESS _____
_____
_____

Instructions: Please fill out and print invoice, and submit to the Acct Dept in WAB Rm G01. Once the invoice is processed, you will receive a Banner generated copy that includes the invoice number. **This is your verficiation the invoice has been** processed. Until this invoice is paid, a system-generated statement will be sent to the company every 30 days. Once the invoice is paid in full, you will receive a copy of the final invoice stating the company has fulfilled their obligation. Departments can use this to determine when invoices are paid and if the University is having difficulty or is not receiving payments from certain vendors for which the department is providing goods or services. We highly recommend that services to vendors and individuals not be provided if department has outstanding invoices older than 60 days, until arrangements for payments are made. Please contact our office if you have any questions @ ext 5332

RESET

TERMS ***NET 30 DAYS***

DETAIL CODE	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
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TOTAL AMOUNT DUE: 0.00

CERTIFICATION OF BILLING STATEMENT

I hereby certify that my department furnished the items listed above and that the prices charged are proper.

Signature _____

Name (Printed) _____

Address (Blding & Room) _____

Phone number _____

SUBMIT TO: Jenny Toomey
Accounting Dept
WAB G01