WESTERN KENTUCKY UNIVERSITY Instructions: Please fill out and print invoice, and submit to the **DEPARTMENT REQUEST AND INVOICE** Acct Dept in WAB Rm G01. Once the invoice is processed, you will receive a Banner generated copy that includes the **DATE INVOICED** invoice number. This is your verification the invoice has been processed. **VENDOR NUMBER** Should the University be unable to collect the amount billed, **COMPANY NAME** resulting in a write-off of the amount due, your department will be **ATTENTION TO** charged bad debt expense equal to the total amount written off. **ADDRESS** For any questions, please contact Stacey Calvert, AR Specialists @ ext 5-6913 TERMS NET 30 DAYS **DETAIL CODE DESCRIPTION** QUANTITY **UNIT PRICE AMOUNT TOTAL AMOUNT DUE:** CERTIFICATION OF BILLING STATEMENT I hereby certify that my department furnished the items/services listed above and that the prices charged are proper. SUBMIT TO: Stacey Calvert Signature Name (Printed) **Accounting Dept**

WAB G-01

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Address (Building & Room)

Phone Number