INVOICE REQUEST FORM

To request that an official ETSU Invoice be originated and mailed by the Office of Financial Services, please complete the following and send to Stephanie Fletcher, P.O. Box 70732, Fax (423) 439-4650 or fletchersm@etsu.edu.

1. __________________________________________________________________________
   Name of Person or Company to be billed (Please Print)

2. __________________________________________________________________________
   Address of Person or Company to be billed (Please Print)

3. __________________________________________________________________________
   City (Please Print)                        State                        Zip Code
   Credit Payment to: Fill in Banner Numbers

4. __________________________________________________________________________
   Description of Charges to be billed (PRINT)  $0.00  Amount to Bill
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

5. __________________________________________________________________________
   Printed Name of Person Requesting Invoice  E.T.S.U. Department  E.T.S.U. Box No.
   E.T.S.U. Phone Number

6. __________________________________________________________________________
   Signature of Person Requesting Invoice

7. Do you want a copy of invoice mailed to you  □ Yes  □ No

* Must be properly completed