



CALIFORNIA STATE UNIVERSITY, LONG BEACH

INVOICE REQUEST FORM

Invoice To: Company/Name _____

Attention To _____

Address _____

City _____ State _____ Zip Code _____ Phone (optional) _____

Do you want the invoice sent by email? No Yes Email: _____

Description of charges: (Please provide supporting documents):

Mail supporting documents with invoice? Yes No Partial (specify): _____

Payment Due: Upon Receipt 30 days

Remittance Information: _____

Chartfields to Credit: LBCMP LBF DN LB49R

Account	Fund	Dept.	Program	Class	Project	\$ Amount
Total Invoice Amount (Admin fee may apply)						

*If more than two lines, please attach the worksheet with additional information.

Approver Signature

Invoice Request Contact Name & Phone Ext #

Approver Name (print)

Date

Requesting Department

For CSULB invoices, submit form along with supporting documents to figsl@csulb.edu

Contact Phone: Eve Szymczyk (562) 985-1685.

For Foundation invoices, submit to FND-GL@csulb.edu

Contact Phone: Andrea Dubois (562) 985-8489

For Business Office Use Only:	
Customer Number: _____	Date: _____
Invoice Number: _____	Review: _____