

**INVOICE TO:**

Customer number: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Attention: \_\_\_\_\_  
P.O. number: \_\_\_\_\_  
Description (Purpose of invoice):

**UNIVERSITY CONTACT INFORMATION:**

Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
  
\_\_\_\_\_ INDEX \_\_\_\_\_ FUND \_\_\_\_\_ ORGN \_\_\_\_\_ ACCT \_\_\_\_\_ PROG \_\_\_\_\_ ACTV \_\_\_\_\_ LOCN \_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_  
Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Department: \_\_\_\_\_

Submit completed form to [bursar\\_ar@memphis.edu](mailto:bursar_ar@memphis.edu) or deliver to 115 Wilder Tower.