

REQUEST FOR INVOICE FORM

Attn: Third Party Billing / Lake Superior College
2101 Trinity Rd. Duluth, MN 55811
Phone (218) 733-5929 Fax (218) 733-5977
l.greaves@lsc.mnscu.edu

1. Requestor Information

LSC Employee: _____ Date: _____
LSC Department: _____ Phone: _____

2. Organization / Person to be billed:

Organization: _____
Contact Name: _____
Billing Address: _____
Phone Number: _____ E-Mail: _____
Sales Tax Exemption #: _____ Federal ID #: _____
(If applicable) (If applicable)

3. Invoice Information

- Does the organization being billed require a purchase order?

YES NO

- Purchase Order Number:
(please attach copy if applicable)

- Cost Center to receive payment:

- Object Code information:

Description of services or products
being invoiced

Specify dollar
amount below:

\$

\$

\$

\$

\$

\$

Total to be invoiced

\$

4. Additional comments or notes:

5. Do you want a copy of the invoice when billed and paid? YES or NO

The Business Office will create an original invoice within 5 business days which will be mailed to the organization.
~ Thank You from the Business Office Staff!