



California State University

**Bakersfield**



**FISCAL SERVICES**

**Billing Request Form**

**Requested by**

Invoice

Credit Memo

Void

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Department: \_\_\_\_\_

Ext: \_\_\_\_\_

**On Campus**

Foundation/Project Name: \_\_\_\_\_

Department: \_\_\_\_\_

CHARTFIELDS TO BE **CHARGED** (REQUIRED)

Account: \_\_\_\_\_

Fund: \_\_\_\_\_

Dept. ID: \_\_\_\_\_

Program: \_\_\_\_\_

Project: \_\_\_\_\_

Class: \_\_\_\_\_

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Authorizing / Approving signature: \_\_\_\_\_

(Required)

**Off Campus**

Company Name: \_\_\_\_\_

Dept: \_\_\_\_\_

Attn. (Required): \_\_\_\_\_

Phone (Required): \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

**Description of Services or Charges including date(s):**

Empty rounded rectangular box for description of services or charges.

Please include date of event or charge.

**Departmental Instructions**

Copy of Invoice to: \_\_\_\_\_

Other: \_\_\_\_\_

**Total Amount Due:** \_\_\_\_\_

CHARTFIELDS TO BE **CREDITED**

Account: \_\_\_\_\_

Fund: \_\_\_\_\_

Dept. ID: \_\_\_\_\_

Program: \_\_\_\_\_

Project: \_\_\_\_\_

Class: \_\_\_\_\_

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Attachment included? \_\_\_\_\_

Yes

No

(i.e. faculty, rental, contract, etc.)

For questions please contact Billing & Collections Dept. @ ext. 3227

[http://www.csub.edu/bas/fiscal/studaccount/forms/billing\\_request.pdf](http://www.csub.edu/bas/fiscal/studaccount/forms/billing_request.pdf)