

Invoice Request Form



Please complete all fields below and attach any supporting documentation to be sent with the invoice. Invoices not paid within 90 days will be reversed from your revenue account. Completed forms can be emailed to finance.liaisons@ufv.ca.

UFV Department Information

Date (mm/dd/yyyy): _____
Contact Name: _____
Department: _____ Local: _____
Would you like a copy of the invoice emailed to you? Y N

Organization/Customer Information

Company Name: _____
Contact Name: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Email Address: _____

Description of Charges to be Billed

(Please note this description will be used on the invoice mailed to the customer)	Amount	Budget Code
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Authorization

Signing Authority Name: _____
Signature: _____ Date (mm/dd/yyyy): _____

Email the completed form to finance.liaisons@ufv.ca

FAL Processing Only:

Reviewed By Financial Analyst & Liaison: _____	Are taxes included in the price? Yes <input type="checkbox"/> No <input type="checkbox"/>
	If no, please circle the applicable taxes: GST, PST, GST/PST, NONE
	Do levy charges apply to this invoice: Yes <input type="checkbox"/> No <input type="checkbox"/>