

A/R Request to Invoice

Financial Services Department, Accounts Receivables

Date of Request:	
	_
Full Name of Agency, Company or Person to Invoice:	
Mailing Address for Invoice:	
-	_
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Grand Total of Invoice:	
District Account(s) to be Credited:	
Budget Approval:	
Detailed Explanation for Invoice:	
(Please include whatever information may be required in order for prompt payment to be issued to TUSD including where	
necessary the name of the workshop, conference, etc., with date(s), teacher's name, location, and substitute name.)	

Questions? Contact Suzie Tomlinson stomlinson@tusd.net Ext 1113