GENERAL BILLING INVOICE REQUISITION
UNION PUBLIC SCHOOLS - GENERAL BILLING DEPARTMENT/ACCOUNTING
PHONE: 918-357-6086, FAX 918-357-6066

DATE:		**SITE:**	
NAME:			
DEPARTMENT:		**PHONE:**	

NAME/ENTITY TO BE BILLED:					
ADDRESS:					
CITY:		**STATE:**		**ZIP:**	
EMAIL:					
CONTACT NAME:					
REVENUE OCAS:					
Add'tl OCAS					
Add'tl OCAS					
Add'tl OCAS					
DESCRIPTION:					

SERVICE DATES:	DESCRIPTION OF SERVICE/TYPE:	DUE DATE:	QTY:	PRICE PER ITEM :	TOTAL TO BILL:	BILL DATE
					$ 0.00	
					$ 0.00	
					$ 0.00	
					$ 0.00	
					$ 0.00	
					$ 0.00	
					$ 0.00	
					$ 0.00	
					$ 0.00	
					$ 0.00	
					$ 0.00	
					$ 0.00	
					$ 0.00	
					$ 0.00	
					$ 0.00	
				TOTAL TO INVOICE:	$ 0.00	

Comments:

Internal Use Only:

If a contract is involved, pleast attach a copy.

Date Received:	
Date Invoiced:	

Thank you for making General Billing part of a more perfect Union.