

Financial Services and Operations

Third Floor Lakeshore Center 1400 Townsend Drive Houghton, MI 49931-1295 906/487-2242 Fax 906/487-2521

Request for Invoice

Dept. Providing Service				
Requested by/Dept Contact	Person			
Phone #				
Vendor Information	Vendor ID (if known)			
Sold to				
Vendor Contact Person				
Vendor Phone Number	V	endor Email		
Vendor Email 2. (if applicable)				
Mail Paper Copy	Email Both	Add A	ttachments	
Distribution: Index Index Index	Account	\$ \$ \$	Detail Code Detail Code Detail Code	e
Total Amount of Invoice				
Approval		Date		

Please email completed form to mtuar@mtu.edu.