AG-209A (9/12)

Texas A&M AgriLife Administrative Services – Cash Management



## **Request for Accounts Receivable Invoice**

Req	uested by:			
GL/SL Account:	·			
Support Account:				
Sub Code: (to be completed by Fiscal Office)				
· · · · · · · · · · · · · · · · · · ·				
	Company Nan	ne:		
Date Billed:	Phone Number:			
Customer ID:(to be completed by Fiscal Office)	Address Line	1:		
(to be completed by Fiscal Office)				
Dept. Ref:				
PO #:				
	onnuot i orot			
Description		Quantity	Cost/Unit	Total