

AG-215R (1/14)

Texas A&M AgriLife  
Administrative Services – Cash Management



## Computer Cost Center Request for Invoice

**GL/SL Account:** \_\_\_\_\_ 270070

**Support Account:** \_\_\_\_\_ 14050

**Sub Code:**

**Company Name:** \_\_\_\_\_

**Date Billed:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Customer ID:** \_\_\_\_\_  
(to be completed by Fiscal Office)

**Address Line 1:** \_\_\_\_\_

**Address Line 2:** \_\_\_\_\_

**Dept. Ref:** \_\_\_\_\_

**Address Line 3:** \_\_\_\_\_

**PO #:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

| Description           | Quantity | Cost/Unit | Total |
|-----------------------|----------|-----------|-------|
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|                       |          |           |       |
|                       |          |           |       |
| Shipping and Handling |          |           |       |
| <b>Total:</b>         |          |           |       |