

AG-258 (7/15)

Texas A&M AgriLife
Administrative Services – Accounts Receivable



Request for Accounts Receivable Invoice – DFE (Deduct from Expense)

Requested by: _____

GL/SL Account: _____

Support Account: _____

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: _____

To expedite processing, please include voucher number, procard transaction, or concur report key.

Description	Sub Code* (4 digits)	Quantity	Cost/Unit	Total
Total:				

- Subcode must match the subcode of the original expense

- Subcode must match the subcode of the original expense