

Indiana University Northwest

Accounts Receivable Billing Request

Please create an invoice for the following:

Bill to information:

AR Vendor Acct# (If Applicable):

Contact Name:

Vendor Name:

Phone Number:

Address:

Email:

City:

State:

Zip:

Attn:

Description of Purpose:

Amount Due:

Deposit funds to:

Account:

Sub Account:

Object Code:

Sub Object:

Requested by:

Telephone extension:

Please send completed document to fisaffnw@iun.edu.