

South Texas College

NON-STUDENT INVOICE REQUEST

Purpose: This form provides documentation when requesting a non-student invoice. Please attach supporting documentation for the charges and send the information to:

ARStaff@SouthTexasCollege.edu

Date(s) Requested: _____

Date Needed: _____

Requestor's Name: _____

Requestor's Email & Phone #: _____

Company to invoice: _____

Contact Person: _____

Company Address: _____

Email: _____

City, State, ZIP: _____

Phone Number: _____

Credit (required):

Fund

Org

Acct

Program

Amount to Invoice: \$ _____

Supporting Documentation Attached

Description of Services: _____

Data to be referenced on Invoice (ex. PO#): _____

Comments: _____

Questions/Concerns:

Please send email to ARStaff@southtexascollege.edu