



**UNIVERSITY OF  
GEORGIA**

## INVOICE REQUEST FORM

Please make checks payable to the University of Georgia and mail to:

University of Georgia  
PO Box 936498  
Atlanta GA 31193-6498

BILL TO: *(name & address)*

INVOICE NO. (Auto-Generated)  
INVOICE DATE (Auto-Generated)  
BUSINESS UNIT  
BILLING DEPT (Auto-Generated)  
CUSTOMER ID (Auto-Generated)  
DUE DATE (Two weeks from Invoice Date)  
AMOUNT DUE (USD)

For billing questions, please call XXX-XXX-XXXX

Optional Header Note: \_\_\_\_\_

					INVOICE NO. 25-00000001
ITEM	DESCRIPTION	QTY	UNIT	UNIT PRICE	NET AMOUNT
1 <i>(Example)</i>	Item Name <i>Description of Item</i>	1.00	EA	5,000.00	5,000.00

**INSTRUCTIONS: Please fill out this form detailing who and what you want to bill. Return form to ASHLEY MCCULLOUGH in the Fiscal/Admin office.**

AMOUNT DUE (USD)

If you have questions regarding payment, please email [acctrec@uga.edu](mailto:acctrec@uga.edu)