

SUTTER COUNTY SUPERINTENDENT OF SCHOOLS
REQUEST FOR INVOICE

TO: Internal Business Services Department

FROM: _____
(Name / Department)

DATE: _____

Please complete the following information:

Name to Invoice: _____

Address: _____

Attn or Contact Person: _____
(Name / Phone #)

Amount: _____

Description: _____
(Specific Detail)*

Additional Comments
& Instructions: _____

Budget Codes to Post
Deposit or Refund:

XX FD	XXXX RESC	X YR	XXXX OBJT	XX SO	XXXX GOAL	XXXX FUNC	XXX BRS	XXX SCH	XXXX DD1	XX D2	Amount

* For example dock dates, detail of dock calculation, termination or resignation date, family medical leave, maternity.

Backup/detail to support billing request must be attached.

Allow 3 days for processing by Business Department

Internal use only: Health & Welfare Deposits 01-0000-0-9514-20-0000-0000-000-0000-00