Accounting Services
Third Floor Lakeshore Center
1400 Townsend Drive
Houghton, MI 49931-1295
906/487-2242 Fax 906/487-2245

Michigan Technological University

Clear Form

Request for Invoice

Instructions

Dept. Providing Service _____

Phone # _____ Date _____

Vendor Information

Sold to

Contact Person _____

Vendor Phone Number _____

☐ Mail Attachments

If attachments are to be mailed with the invoice, then check this box.

Units	Description

Distribution: Index _____ Account _____
Index _____ Account _____
Index _____ Account _____

Total Amount of Invoice _____

Approval _____ Date _____