

CLUB INVOICE REQUEST



Customer Name: _____

Attention To: _____

Mailing Address: _____

Phone Number/s: _____

Fax Number/s: _____

Customer Email: _____

Date	Description	Qty	Unit Price	GST Per Unit	Total Price	Account Number
Totals						

Other comments to include on invoice: _____

Invoice requested by:

Club Rep Officer _____

Date: _____

Position _____

SUS Club _____

Phone /fax _____

Office Use Only

Finance Approval _____

Date: _____

Attaché Customer _____

Attaché Code: _____