BANNER ACCOUNTS RECEIVABLE
INVOICE REQUEST FORM

Date: ____________________

Customer ID. No.: ____________________ (or attach Customer Request Form) (Required)

Customer Name: ____________________

Address: ____________________ Address Type: ________

Sequence: ________

Detail Code: ____________________ (or attach Detail Code Request Form)

Amount: ____________________

Description: ____________________

Requested by: ________________ Ext.: ____ Date: ____________

Submit to: General Accounting
4602 AAB

For Accounting Use Only

Input by: ________________ Date ________________

A/R Invoice Request