

Chabot-Las Positas Community College District

Accounts Receivable Standard Request for Billing Form

Date: _____

Customer ID #: _____

Detail Code: _____

Name: _____	Dept.: _____
Email: _____	Phone #: _____

Name of Revenue Account to be Credited: _____
Fund Number: _____ - _____ - _____ - _____

Please prepare just as invoice should be prepared

Description	Amount

Total: \$

Send Invoice To:

Name: _____	Attn: _____
Dept.: _____	
Address: _____	
City: _____	State: _____ Zip: _____

Additional Notes:

