

**WESTERN KENTUCKY UNIVERSITY
DEPARTMENT REQUEST AND INVOICE**

DATE INVOICED _____

VENDOR NUMBER _____

COMPANY NAME _____

ATTENTION TO _____

ADDRESS _____

Instructions: Please fill out and print invoice, and submit to the Acct Dept in WAB Rm G01. Once the invoice is processed, you will receive a Banner generated copy that includes the invoice number. **This is your verification the invoice has been processed.**

Should the University be unable to collect the amount billed, resulting in a write-off of the amount due, your department will be charged bad debt expense equal to the total amount written off.

For questions, please contact Robert Bedard, Senior Accountant at 270-745-4947 or email robert.bedard@wku.edu.

TERMS NET 30 DAYS

DETAILCODE	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
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TOTAL AMOUNT DUE:

CERTIFICATION OF BILLING STATEMENT

I hereby certify that my department furnished the items/services listed above and that the prices charged are proper.

Signature _____

Name (Printed) _____

Address (Building & Room) _____

Phone Number _____

SUBMIT TO: Robert Bedard
Accounting Dept
WAB G-01