



North Monterey County Unified School District

13994 Castroville Blvd, Castroville, California 95012 (831) 633-3343

Request to Invoice Form

Date of Request: _____

Requested By: _____

Department/School Site: _____

Phone/Email: _____

Customer Information (Invoice Recipient)

Name/Organization: _____

Contact Person: _____

Address: _____

Phone/Email: _____

Invoice Details

Purpose/Description of Charge:

Invoice Amount: \$ _____

Account Code to Credit _____

Supporting Documentation Attached: Yes No

Special Instructions

(e.g., due date, payment terms, PO #, contract reference)

Approvals

Department Manager/Principal Signature: _____ Date: _____

Business Office Use Only:

Invoice # _____ Date Issued _____ Entered By _____