

NORTH DAKOTA STATE UNIVERSITYPO Box 6050
Fargo, ND 58108

Fax #:

Name and Address:

Date: _____

☐ Charge☐ Credit

Invoice #: _____

Identification #: _____ *If no invoice number available, use*

To expedite processing please include the seven digit ID number with all payments.

| Item Type | Description | Amount |
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| Invoice Total: | | |

For questions regarding this invoice please contact:

Department Signature

Date

Please remit your payment to:NDSU Customer Account Services
Dept. 3110, Ceres Hall 302
PO Box 6050
Fargo ND 58108
Phone (701) 231-8782
Fax (701) 231-9541

♦Customer Account Services Copy

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