

INVOICE FORM



**UNIVERSITY OF
CALGARY**

Accounts Payable
4th Floor, MacKimmie Tower
2500 University Drive NW
Calgary, AB T2N 1N4
Telephone: 403-220-5611
Fax: 403-282-2974
E-mail: scmhelp@ucalgary.ca

This form must be completed by Vendors that are unable to provide the University of Calgary with a valid invoice for payment. Please complete all fields below and submit with any emails, receipts or paperwork required to invoices@ucalgary.ca

Invoice forms with no supporting documentation will be rejected.

Remit to:

Company Name:

Address:

Phone :

Fax:

E-mail:

To:
University of Calgary
C/O Accounts Payable
2500 University Drive N.W.
Calgary, AB T2N 1N4

INVOICE #

DATE:

Comments or Special Instructions:

P.O. NUMBER

G.S.T NUMBER (IF APPLICABLE)

QUANTITY

DESCRIPTION

UNIT PRICE

TOTAL

If you have any questions concerning this invoice, contact the Accounts Payable Manager

SUBTOTAL

GST TAX

SHIPPING & HANDLING (IF
APPLICABLE)

TOTAL DUE

Internal Use Only:

Approval: Accounts Payable Manager, Financial Operations

Name:

Date:

Signature:

REV 03/11/2014