

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.

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 <u>Invoice forms with no supporting documentation will be rejected.</u>
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
