



MINNESOTA STATE UNIVERSITY, MANKATO
Customer Billing Information

Date: _____

Vendor / Business Name

Customer ID

_____ New Customer? _____

Fed TIN

Contact Person

Address

City, State, Zip

Telephone

Purpose / Event

Effective Dates of contract or date of event

Line items:

Amount

Cost center

Object code

Description on invoice

Total to be billed

Terms of invoicing

(let us know if client will auto pay and does not want copy mailed)

Date invoice can be created / sent

Due date if required by contract / agreement

_____ (we will use two weeks if not specified)

Requesting Department

Contact person

Telephone
