

UC Hastings College of the Law - Office of Fiscal Services

REQUEST for INVOICE (Right side of the form to be completed by the requesting department)	
Name of Agency to Invoice	
Agency FEIN (Federal Tax ID Number)	
Billing Address	
Billing Contact Information (Name, email and telephone number)	
Amount to Invoice Agency PO Number (if applicable)	
Type of Billing A fully executed contract/agreement for services must be on file with Fiscal Services.	1. For services provided by Hastings _____ 2. For reimbursement of costs paid by Hastings _____ 3. For prepayment of future services _____ 4. Other (Please Describe): _____
Description of Amount to Invoice (Attach a separate document if necessary)	
GL Account Number This is where the revenue will be recorded on the reimbursed expense will be credited.	Department to Provide: GL Account No: _____ Fiscal Services to Provide: AR.TYPE: Fiscal Services to Provide : AR.CODES:
Contract/Agreement or Other Document to Support the Invoice (If this is the first time billing, attach a copy of the contract/agreement)	Yes _____ No _____
Invoice to be Mailed by Fiscal Services (Depending on the amount being invoiced, the invoice may need to be mailed by Fiscal Services. Amounts of \$10,000 or more must be mailed by Fiscal Services).	Yes _____ No: _____
Invoice Requirements If Fiscal is to mail the invoice, please outline any special invoice requirements specified by the entity.	
Collection of Invoice One department should be responsible to ensure the payment of the invoice. If Fiscal, we will contact the agency at least once per month to check on the status of the invoice payment.	Department Will Be Responsible _____ Fiscal is Responsible for Collection _____