

REQUEST FOR EXTERNAL INVOICE

Date: _____

University of New Brunswick
Financial Services
PO Box 4400, 8 Bailey Drive (Room 001)
Fredericton, New Brunswick, E3B 5A3
Phone: (506) 453-4624
Fax: 506) 453-4572
www.unb.ca/financialservices/



BILL TO:

Customer ID Number:		
Customer Name:		
Street Address:		
City/Province:		
Postal Code:		
Phone:		
To the Attention of:		
Contract Number:		P.O. Number: _____

Return to	Mail from
Department	Financial
For Mail out	Services

2 copies of:

Material to	No Material to
Accompany	Accompany
Invoice is	Invoice
Attached	

Description	Quantity	Unit Price	Amount
Total before tax \$			
HST \$			

Departmental Account Number(s)	Amount
Total Allocated \$	

Contact Name: _____ Faculty/Dept.: _____

Phone Number: _____

Contact Email: _____ Authorizing Signature: _____

Financial Services Use Only

☐ Independent Center ☐ Research ☐ General