

# Request for External Invoice

University of New Brunswick

## Financial Services

PO Box 4400 8 Bailey Drive (Room 001 )

Fredericton, New Brunswick

Canada  
52D.5A2

E3B 5A3

Phone: 506-453-4624

Fax: 506-453-4572

[www.unb.ca/financial](http://www.unb.ca/financial)

**Date:**

## Bill To

**Customer ID**

**Customer Name**

**Street Address:****State/Province:**

**Zip/Postal Code:**

**Phone:**

**To the Attention:**

**Contract Num:**

**P.O. Num:**

Department

## Mailout

## Financial

## Services

**Material to  
Accompany  
Invoice is  
attached**

**No Material to  
Accompany  
Invoice**

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

Departmental Account Number(s)	Amount
<b>Total Allocated \$</b>	

Contact Name:

Faculty/Dept:

Phone Num:

Contact Email:

**Authorizing Signature:****Financial Services Use Only**☐ Independent Center

Research

General