



REQUEST FOR AN EXTERNAL INVOICE FOR SPONSORED STUDENTS

University of New Brunswick
Financial Services
Student Accounts & Receivable Services
PO Box 4400, 8 Bailey Drive (Room 001)
Fredericton, NB, E3B 5A3
Phone: (506) 453-4625
Fax: (506) 453-4572

Date: _____

Customer Number:	
Customer Name:	
Street Address:	
Province:	
Postal Code:	
To the Attention of:	

RE: Purchase Order # _____

Indicate the term(s) of the invoice(s):

<input type="checkbox"/> Fall - September - December	<input type="checkbox"/> Intersession - May - June
<input type="checkbox"/> Winter - January - April	<input type="checkbox"/> Summer Session - July - August
<input type="checkbox"/> Return to Department for mail out	
<input type="checkbox"/> Mail from Financial Services	
<input type="checkbox"/> Send invoice in advance for payment	

Course Name:	
Student Name(s) and Student Number(s):	Amount:
HST:	
Total to Invoice:	

Contact Name: _____ Faculty/Dept: _____

Phone Number: _____ Email: _____

Financial Services Use Only

Sponsored Terms:

- ☐ Fall 20____
- ☐ Winter 20____
- ☐ Intersession 20____
- ☐ Spring 20____
- ☐ Summer 20____

SBR Billed:

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____