

## Coatesville Area School District Rich in Diversity, Committed to Excellence

## **Accounts Receivable Invoice Request Form**

Company Contact Name:			_
			<del>_</del>
Address City, State Zip Code Email	COMPLETE INFORMATION IN THIS BOX FOR F	IRST TIME CI	USTOMERS ONLY Phone Fax
Description		Amount	GL Code
Total Invoice			
Invoice Handl	ing (Check one) Return to Requestor Send to customer Send to customer with attached paperwork		
Your Signatur			

Send completed form and any backup to Stefanie Christy - Administration Building