Request For Invoicing

Date:	Date Required by:
Requisitioning Department:	Requested by:
Customer's Number (if known)	
Customer's Name:	
Address:	
Contact Person:	E-mail Address:
Telephone No.:	Fax No.:
Description of Goods / Service	s Provided:
Special Instructions:	
Amount:	PST GST
Revenue Code:	

Thompson Rivers University

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Westsite: www.tru.ca