

CALIFORNIA STATE UNIVERSITY, FRESNO FOUNDATION  
CUSTOMER INVOICE AUTHORIZATION

<b>Date:</b>		<b>Cost Center Name:</b>	
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***CUSTOMER (Bill To) INVOICE INFORMATION***

<b>Customer Number</b> (Foundation use only):	
<b>Customer Name:</b>	
<b>Address:</b>	
<b>Address:</b>	
<b>City, State, Zip:</b>	
<b>Customer P. O. Number</b> (Attach Original):	
<b>Total Invoice \$ Amount:</b>	

***ACCOUNTING INFORMATION & DESCRIPTION: (Provide as much information as possible)***

<b><u>Cost Center.Object.Subsidiary</u></b>	<b><u>Amount</u></b>
	\$
DESCRIPTION:	
<b><u>Cost Center.Object.Subsidiary</u></b>	<b><u>Amount</u></b>
	\$
DESCRIPTION:	
<b><u>Cost Center.Object.Subsidiary</u></b>	<b><u>Amount</u></b>
	\$
DESCRIPTION:	
<b><u>Cost Center.Object.Subsidiary</u></b>	<b><u>Amount</u></b>
	\$
DESCRIPTION:	

***ACCOUNT SIGNER AUTHORIZATION***

<b>Prepared By:</b>		<b>MS # &amp; Phone #</b>	
<b>Approved By:</b>		<b>Approved By:</b>	

***FOUNDATION USE ONLY:***

<b>INVOICE NUMBER:</b>		<b>BATCH NUMBER</b>	
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