

SUNDRY DEBTOR INVOICE

University of California San Francisco				If used a	s a credit mem	o, check here	
			Billing Date MM/DD/YYYY	Invoice Number		Page Number	
				LEAVE BLA	NK	of	
Bill Name: Address 1: Address 2: City, State Zip: Email address:	to:	Purchase Order/Reference:					
Date of Service		Description				Amount	
, 22, 1111			•				
			_	OTAL DUE UPON F		\$ 0.00	
Make checks payable to SD) on your check						·	
Mail lower part of this invoice with payment to: University of California San Francisco			Contact for questions about this invoice				
Sundry Debtor – Cash and Controls Team 1855 Folsom Street, Suite 425 – Box 0815 San Francisco, CA 94143-0815			Prepared by: Email: Telephone:				
Return this section with your payment Please include the invoice number on your check			Amount Paid: \$				
Bus Unit Account	Fund	Dept ID	Project	Activity Period	Function	Flexfield	
	ı				<u>I</u>	1	
Billing Date Invoice #		PO/Ref #	Contact	Е	Email		
LEAV	E BLANK						

UCSF Sundry Debtor Invoice Revised December 2014