



# SACRAMENTO STATE

Bursar's Office

## UFSS INVOICE REQUEST FORM

### Requestor Information

Department \_\_\_\_\_

Contact Person \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Authorization \_\_\_\_\_

*Name and Title*

*Signature*

*Date*

### Invoice Information

Name \_\_\_\_\_

*Individual*

*Company/Agency (Attention to: \_\_\_\_\_)*

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Description of Charges

Amount \_\_\_\_\_

Chartstring SAFDN  
*Business Unit Account Fund Department Class*

Please scan and email the completed form, along with back up documentation to [ufssaccounting@csus.edu](mailto:ufssaccounting@csus.edu).  
For more information please contact Nicole Sharkey at 916-278-7438.

Received by : \_\_\_\_\_ Date: \_\_\_\_\_ Sac State Invoice No: \_\_\_\_\_