Spokane Public Schools

ACCOUNTS RECEIVABLE
BILLING REQUEST

Location No. _____ Ordered By _____ Date _____

Short Description _____

Revenue Account: _____ LOC _____ PROG _____ ACT _____ OBJ

List Additional Revenue Accounts Below

Send Billing To: _____

_____

_____

_____

_____ City State Zip

CASHIER USE ONLY
Invoice No.
Date
Cust. No.

Check if no invoice is to be sent ☐

Quantity	Description	Unit Price	Total Amount