



Invoice Request

Issue Invoice To:

Date: _____

Company/Individual Name: _____

Street Address/P.O. Box: _____

City: _____

Province/State: _____

Postal Code: _____

Phone Number: _____

Contact Email: _____

Vendor Number: _____

Charge 1 Quantity: _____

Charge: _____

Total Cost, pre GST: _____

GL/Budget Code: _____

Description:

Ensure to include dates, PO number, contract number, etc.

Charge 2 Quantity: _____

Charge: _____

Total Cost, pre GST: _____

GL/Budget Code: _____

Description:

Ensure to include dates, PO number, contract number, etc.

Charge 3 Quantity: _____

Charge: _____

Total Cost, pre GST: _____

GL/Budget Code: _____

Description:

Ensure to include dates, PO number, contract number, etc.

Special Instructions, if any:
(LC staff to CC)

GST Exempt:

GST exempt means that LC will not charge the vendor GST on this transaction.

Invoice Request prepared by: _____

Extension: _____

Budget Officer Signature: _____

Please send completed form to arinvoices@lethbridgecollege.ca

Received in Finance by:

Date: