

K-State Student Union

INVOICE REQUEST FORM

K-State Student Union department name: _____

Date invoice request submitted: _____ Work order number: _____

Requesting employee name: _____ Employee work phone #: _____

Employee email: _____ Inter-department transfer:

Dept./Company/Customer name: _____

Order/Reservation made by: _____ Date service incurred: _____

Billing address:

Event Name: _____

Account Code	Detailed Description of Product or Service Provided	Quantity	Unit Cost	Total Cost
	Subtotal			
2320	Sales tax – Riley County, Kansas		0.0895	
			TOTAL	

**Supporting documentation to include contracts, reports, emails and invoices are required to be submitted with this request.*

Signature of requesting employee: _____

Submit form and supporting documentation to:

K-State Student Union | Attention Business Services | Rm. 311
 918 N. MLK JR. Drive, Manhattan, KS 66506
 (785) 532-6575 | unionbusofc@k-state.edu