

STOCKTON | BURSAR'S OFFICE
UNIVERSITY

Central Billing Request Form

Today's Date _____

Requested by _____

Dept _____

Email Address _____ (please provide for electronic invoicing)

Address: _____

Contact Person _____ Phone Number _____

Date of Service _____ Amt to be billed _____

Description of Service/Workshop:
(this will appear on your invoice)

Deposit Revenue to:

Fund: _____ Org: _____ Acct: _____ Prog: _____

Please use below if you have more than one F/O/A for deposit:

Amount

Fund

Org

Acct

Prog

Please forward to centralbilling@stockton.edu