Shasta County Office of Education Invoice Request

- 1. Program Enter program or department name
- 2. Program Contact Enter the person whom Business Services staff may contact should we have questions regarding the invoice request.
- 3. PO Number Enter purchase order number (if one was received)
- 4. Bill to Enter the entity or individuals name and address of who Business Services is to invoice.

Please Note: The Invoice Request Form should be used to invoice *outside agencies*. Use the Request for Transfer of Funds Form for transfers between SCOE programs

- 5. Description Enter description(s)
 - a. Description should be 30 character minimum
 - b. Description should include who, what, when, where and why
- 6. Amount Enter the amount(s)
- 7. Org Key Enter ten digit org key to receive monies upon receipt of payment
- 8. Object Code Enter four digit object code to receive the monies upon receipt of payment
- 9. Amount Enter amount to each org key/object (if more than one)
- 10. Program Manager Signature Obtain Program Manager approval signature
- 11. Obtain a copy and forward the original to Business Services for processing