



# CAL MARITIME

## INVOICE REQUEST (EXTERNAL CUSTOMER)

### CUSTOMER INFORMATION

DATE:	
COMPANY NAME:	
CUSTOMER NUMBER:	
BILL TO NAME:	
CONTACT NAME:	
ADDRESS:	
CITY, STATE, ZIP:	
PHONE:	
EMAIL:	
PURCHASE ORDER OR CONTRACT #	
EIN NUMBER	
TAX EXEMPT STATUS	
PAYMENT TERMS	<input type="checkbox"/> Net 30 <input type="checkbox"/> Due Upon Receipt

### INVOICE PURPOSE/DESCRIPTION

### ACCOUNT CODING AND INVOICE AMOUNT (specify line item amounts and description)

<u>AMOUNT</u>	<u>ACCOUNT</u>	<u>FUND</u>	<u>DEPT ID</u>	<u>CLASS (if applicable)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	Deposit

Requested/Approved By (print):	
Signature: _____	Date: _____

Accounting use Only:
Invoice # _____
Invoice Date _____