

**SUTTER COUNTY SUPERINTENDENT OF SCHOOLS  
REQUEST FOR INVOICE**

TO: Internal Business Services Department

FROM: \_\_\_\_\_  
(Name / Department)

DATE: \_\_\_\_\_

**Please complete the following information:**

Name to Invoice: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attn or Contact Person: \_\_\_\_\_  
(Name / Phone #)

Amount: \_\_\_\_\_

Description: \_\_\_\_\_  
(Specific Detail)\*  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments  
& Instructions: \_\_\_\_\_  
\_\_\_\_\_

**Budget Codes to Post  
Deposit or Refund:**

XX FD	XXXX RESC	X YR	XXXX OBJT	XX SO	XXXX GOAL	XXXX FUNC	XXX BRS	XXX SCH	XXXX DD1	XX D2	Amount

\* For example dock dates, detail of dock calculation, termination or resignation date, family medical leave, maternity.

***Backup/detail to support billing request must be attached.***

***Allow 3 days for processing by Business Department***

**Internal use only:** Health & Welfare Deposits 01-0000-0-9514-20-0000-0000-000-0000-00