

# SEATTLE CENTRAL COLLEGE INVOICE REQUEST FORM



## Grantor Billing Information

Granting Agency \_\_\_\_\_

Contact Person \_\_\_\_\_ Department \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

## Invoice Details

Name of Grant \_\_\_\_\_

Invoice Start Date \_\_\_\_\_ Invoice End Date \_\_\_\_\_

Salary / Wages (A)	\$	Capital Outlays (J)	\$
Benefits (B)	\$	Computer Hardware (K)	\$
Personal Service Contracts (C)	\$	Grants and Client Services (N)	\$
Goods and Services (E)	\$	Indirect Costs (TE)	\$
Travel (G)	\$	Other (attach explanation)	\$
		Total Billing Amount	\$

## College Information

Account Number \_\_\_\_\_

Department \_\_\_\_\_

Department Contact \_\_\_\_\_

Phone Number \_\_\_\_\_

If this is a pre-paid invoice, please complete this section and attach the check with request form.

Check Number \_\_\_\_\_

Amount Paid \_\_\_\_\_

Date of Check \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

Please email invoice request and all supporting documents to Seattle Central's Budget Manager