

NOTICE TO ACCOUNTS RECEIVABLE

Submitted by:					Date Submitted:				
PLEAS	E SUBMIT	A BILL	.TO:						
Agency	Name:								
Contact Person:									
Mailing Address:									
Phone	Phone number:								
Email Address:									
Description of expense/program:									
Billing									
	nt Code(s):			T	T			Tatal	
Fund	Resource	Year	Goal	Function	Object	School	Management	Total	
							<u> </u>		
ltom(s)	Item(s) to bill:								
item(s)	to biii.								
Please	attach back	up docı	ımentatior	า.					
Other i	nstructions								

Any time a requisition or other item is coded to Resource 0901, please submit this form along with a copy of any backup to the Business Office, Attn: Accounts Receivable.