Request for Invoice

An Everett Public Schools' invoice should be sent to:

Name _____

Address _____

City _____ *State* _____ *Zip* _____

Revenue code to be credited	Fund	Amount
Total amount to be credited		$ 0.00

Description of items to be invoiced (*Attach supporting documentation if applicable*)	Itemized Amount
Total amount to be debited	$ 0.00

Total Invoice (***Total credits must match Total debits***)---------- $ 0.00

Prepared By	*Title*	*Date*
Budget Authority Signature	*Title*	*Date*