

## Invoice / IDT Request Form

This form is to be used when your department needs to charge for goods or services provided by your department. It may be used to charge TAMUS and non-TAMUS customers.

*Completed document should be submitted electronically to [ats@tamu.edu](mailto:ats@tamu.edu) with proper supporting documentation/backup (if any). ATS will create the Invoice and email it to the customer. If this request is to charge another 02 TAMU account, the customer will be notified by email.*

**DEPARTMENT NAME:**

**DATE:**

**CONTACT NAME:**

**CONTACT EMAIL:**

**CONTACT PHONE:**

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*PLEASE PROCESS THIS TRANSACTION AS FOLLOWS:*

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**TRANSACTION AMOUNT:**

**DEPT ACCOUNT REVENUE WILL BE POSTED INTO:**

**NAME OF PROGRAM/EVENT:**

**SPECIFIC DESCRIPTION/DETAILS/COMMENTS REGARDING TRANSACTION AND ITS PURPOSE:**

**NAME OF CUSTOMER TO BE INVOICED:**

**MAILING ADDRESS OF CUSTOMER:**

**CUSTOMER CONTACT NAME AND EMAIL:**

**IS CUSTOMER A TAMUS ENTITY?      YES      NO**

**IF YES, PROVIDE CUSTOMER SYSTEM PART AND ACCOUNT NUMBER THAT FUNDS WILL BE EXPENSED FROM (ex: 02-123456, 08-32290-12345, etc.):**

**IF NO, AND IF CUSTOMER IS NEW,** PLEASE COMPLETE THE [CUSTOMER INFORMATION FORM](#), HAVE THE CUSTOMER REPRESENTATIVE SIGN THE FORM, AND EMAIL IT WITH THIS INVOICE REQUEST FORM TO [ats@tamu.edu](mailto:ats@tamu.edu).

**OTHER NOTES/COMMENTS**

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**PRINTED NAME, DEPARTMENT HEAD OR DESIGNEE**

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**SIGNATURE, DEPARTMENT HEAD OR DESIGNEE**

*(Department head or designee must sign form or an e-mail from him or her indicating approval can be attached to this document)*