



Note: Use this form to request a manually entered invoice. Please complete and e-mail form to AR_invoices@harvard.edu. If you have questions regarding this form, please call 617-495-3787.

Requestor Name* Request Date*

Transaction Source* Reason for Credit

Transaction Type* Invoice Credit Memo Original Invoice #

PO Number Attachment Y N

Special Instructions

CUSTOMER INFORMATION

Customer Name* Address*

Customer Number Address

Contact Name* Address

Contact E-mail* City* State/Prov* Zip - Postal*

Country

LINE ITEMS

Line #	Line Description	Qty	UOM	Price	Total	TUB	ORG	OBJ	FUND	ACTV	SUB	ROOT
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
Grand Total												

* Required Field