

Please Check One:  
Cerritos College District  
Third-Party Contract/Students



### Accounting Department Billing Request Form

Please send completed form to: [generalaccounting@cerritos.edu](mailto:generalaccounting@cerritos.edu)

Date \_\_\_\_\_

Customer Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Description of Invoice: \_\_\_\_\_

\_\_\_\_\_

Contract# (if applicable) \_\_\_\_\_

Amount \_\_\_\_\_

Chartfield String(s) \_\_\_\_\_

(if applicable) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor/Manager Approval \_\_\_\_\_