

## **INVOICE**

		L	Pate:		
то:		\	WIN:		
		Terms: Due Upon Receipt			
		Billing Department: Fund & Cost Center:			
COMMENTS	OR SPEC	IAL INSTRUCTIONS:			
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ACCOUNT	QTY	DESCRIPTION	UNIT PRICE	TOTAL	
			TOTAL DUE		
	,		l		
Make all che	ecks payabl	Attn: Cashiering			
		1903 W Michigan A Kalamazoo, MI 490			

**Invoice Number:** 

All amounts delinquent beyond 30 days of the due date will be subject to a late payment fee of 1.5% per month (18% annually)

## THANK YOU FOR YOUR BUSINESS!

For WMU Internal Use Only: Submit the completed invoice to <a href="wmu-billing@wmich.edu">wmu-billing@wmich.edu</a>.