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| Center for Undergraduate Excellence  975 University Esplanade  Kent, OH 44242  Date: Friday, February 12, 2016  **INVOICE** | |
| **bill TO:** | **Department:**  **University College**  **Department Name:**  **Contact person:**  **Telephone:**  **Contact Person:**  **Address:**  **Phone:**  **Department Index:**  **Account Number:** |

**Instructions: University College staff must complete all information in the “Bill To” section and forward invoice to appropriate department.**

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| Purpose/Function | PAYMENT TERMS | Due Date |
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| qty | description | Index to be charged & Account # | line total |
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|  |  | Invoice total |  |
|  |  | payment/credit |  |
|  |  | \*balance due |  |

\*The University College department listed above will IDC your department for the balance due within 2 weeks of sending this notice. You must provide the College with the appropriate index and account number.