

# MUNICIPALITY OF KINCARDINE

## INVOICE REQUEST FORM

Please confirm customer contact information with the customer when the service is being offered as there is a possibility that the information available in Keystone AP and AR modules are out dated.

Invoice Request Date: \_\_\_\_\_ Customer Account #: \_\_\_\_\_

Customer name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Email Invoice

Phone No: \_\_\_\_\_

Invoice Description:

Requested by: \_\_\_\_\_

Department Head Signature (required) \_\_\_\_\_

Is this a Recovery of Municipal Expenses? Y  N   
(\* If YES is selected, HST is NOT to be charged)

**G/L Account** \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Deposits \_\_\_\_\_ \$ \_\_\_\_\_

HST Y  N  \$ \_\_\_\_\_

(\* Only select YES if NOT a recovery)

Total \$ \_\_\_\_\_

### Invoice Handling (Choose One)

Send to Customer       Send to customer with attached paperwork       Return to Requestor

All invoice requests must be signed by Department Head and submitted to Treasury 3 business days prior to billing on the 10th to be processed in that month