CSUDH

Accounting Services
1000 E. Victoria St. WH 430
Carson, CA 90747
310-243-3791

Request for Invoice/Cash Posting Order (CPO)

email to: genacct@csudh.edu

The Request for Invoice/CPO Form is used by CSUDH departments to request Accounting Services to invoice Auxiliary Organizations, other CSU campuses, or other third party organizations: (1) for reimbursement of an expense that's already been made (abatement) or (2) to record accounts receivable/revenue. To bill another CSU campus or the Chancellor's Office, a Cash Posting Order (CPO) will be prepared, instead of an invoice. Upon receipt of this completed form, Accounting Services will invoice Auxiliary Organizations, other CSU campuses, and other 3rd party organizations on your behalf. Please send the original form to Accounting Services with supporting documentation. Invoice will be mailed by Accounting Services to the customer and an electronic copy will be sent to the requesting department. If you have questions, please contact Accounting Services.

Please note that only Accounting Services may invoice or bill on behalf of the University.

I. Requester Information

From Dept:		Contact Person:		E-mail:		Ext:	

II. Reason for Request

III. Authorizing Signature

Name and Title:		Authorized Signature		Date:	

IV. Bill To Information (for CPOs, use Section IVa)

Customer ID: (if known)		Name:	

For New Customer Only

Name:		Contact Person:	
Address 1:		E-mail:	
Address 2:		Phone:		Fax:	
City:		State:		Zip Code:	

IVa. Bill To Information (for CPOs only)

CSU Campus Name/Chancellor's Office	CSU Campus Contact Name	CSU Campus Contact E-mail	CSU Campus Contact Phone #	Amount

V. Bill Line Information

Invoice Type (select from drop down list)	Description	Account Number (required for Foundation)	Amount

VI. Credit Information (Note: Auxiliary Organization billing is posted to revenue account 580095.)

Account (6) Required	Fund Code (5) Required	Dept (5) Required	Program (5) Optional	Class (4) Optional	Project (7) Optional	Amount

REQUEST FOR INVOICE/CPO FORM INSTRUCTIONS

Section I - Requester Information

Fill in the department name, contact person, email address and extension. Proceed with completing Sections II, III, IV, V and VI. When completed, forward the request along with any supporting documentation, to Accounting Services via e-mail to genacct@csudh.edu and/or inter-office mail to WH 430 for processing.

Section II - Reason for Request

Indicate any pertinent information about the request. Please provide back-up documentation supporting the request.

Section III - Authorizing Signature(s)

For audit purposes, Request for Invoice/CPO forms must be approved by an authorized signer for the Department. Accounting Services will not process unapproved requests. Type the Responsible Person's name and title in the space provided and have that person sign the request.

Section IV - Bill To Information

Please provide the Customer ID (if known) and Name. For New Customers, the following information **MUST** be provided: Name, Address, and Contact Person. Provide Phone #, Fax # and E-mail address if available.

Section IVa - Bill To Information (CPOs only)

Provide the CSU Campus Name. A contact person and E-mail address must be provided. Enter amount to be invoiced for each campus.

Section V - Bill Line Information

Fill in the following fields:

Invoice Type   -   Select from the Drop Down List. It is either a reimbursement or a revenue.
Description   -   Provide a brief description of your request
Foundation Account Number   -   Required for Foundation billing
Amount   -   Enter amount to be invoiced

Section VI - Credit Information

If more than one Chartfield string needs to be credited, list them separately with the respective amount to be credited for each chartfield.

Account   -   Required.
Fund   -   Required.
Dept. ID   -   Required.
Program   -   Optional.
Class   -   Optional.
Project   -   Optional.
Amount   -   Enter the amount to be Credited.

Example							
Chartfield	Account	Fund	Dept ID	Program	Class	Project	Amount
	580093	AADHT	10000				100.00
Field Length	6	5	5	5	4	7	
Comment	Required	Required	Required	Optional	Optional	Optional	Required