

Department Billing Invoice Questions about this form? Please call 701-231-9724

NORTH DAKOTA STATE UNIVERSITY

PO Box 6050 Fargo, ND 58108

	Fax #:		
Name and Address:		Date:	
Identification #: To expedite processing ple	ease include the seven digit ID number with al	☐ Charge ☐ Credit ☐ Invoice #: If no invoice number available, use I payments.	
Item Type	Description		Amount
		Invoice Total:	
For questions regarding th	is invoice please contact:		
Department Signature		Date	
		Please remit your p	payment to:
◆Customer Account	Services Copy	NDSU Customer Ac Dept. 3110, Ceres H PO Box 6050 Fargo ND 58108 Phone (701) 231-97 Fax (701) 231-9541	all 302

CAS-StdBillnv- Rev 02/2014



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Item Type	Description		Amount	
For questions regarding this in	voice please contact:	Invoice Total:		
Department Signature			Date	
		NDSU Cu Dept. 311 PO Box 60 Fargo ND		
◆Customer Copy		Fax (701)		

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