

**NORTH DAKOTA STATE UNIVERSITY**

PO Box 6050  
Fargo, ND 58108

Fax #:

Name and Address:

Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Charge

Credit

Invoice #: \_\_\_\_\_

Identification #: \_\_\_\_\_

*If no invoice number available, use*

To expedite processing please include the seven digit ID number with all payments.

Item Type	Description	Amount
<b>Invoice Total:</b>		

For questions regarding this invoice please contact:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Department Signature

Date

**Please remit your payment to:**

NDSU Customer Account Services  
Dept. 3110, Ceres Hall 302  
PO Box 6050  
Fargo ND 58108  
Phone (701) 231-9724  
Fax (701) 231-9541

◆ **Customer Account Services Copy**

**NORTH DAKOTA STATE UNIVERSITY**

PO Box 6050  
Fargo, ND 58108

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Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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