

For Posting To:		Prepared By:				Reviewed By Opt MGR: Option MGR will have Spending Aut				nority for this Cod	ling		
Fiscal Year?			4									Doint Descript (Description Billion)	
20						Print Name	Print Name			Brief Descript.(Reason for Billing):			
Month?			Cianatura							Signature			
			Signature					Signature					
E.g. N	ЛAR, APR, N	ЛАҮ	Date YYYY-MM-DD Date YYYY-MM-DD										
	cumenta		Reason documentation not attached:										
	Attached												
	s: Attache		Entries without adequate documentation will be returned.										
FT.	o: Explain												
Customer	r Name (to	be invoiced):					Customer Contact Information: Street Address						
											City/ Province / Country, if applicable		
							Postal Code						
							Telephone Number Email Add						
								Enter total amount to					
Location D	OFF:							(including tax)					
	ΔΙ	I CODING	FIELDS REQUIRED				Income tax receipt required?						
	AL	le cobiito	THEEDS WEEK	OIRED			Amt To Be Billed Taxable						
Dept	Org	Prog	Acct	Fund	Function	Initiative	DFF Future	including Tax	(Y or N)	Pre-Tax Amount	Tax	Total	
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		Need moi	re lines? Use	more	than one	Template.				Total Billing Allocated	,		
									Must be Zero: Amt To Be Billed must equal Invoice Allocation				
			ere, if any)	N. F.									
SEND TO):	ACCOUNTS RECEIVABLE					80 UNIVERSITY AVENUE					Street Address	
		Team F	Finance Use Only:				MIRAMICHI, NEW BRUNSWICK E1N 0C6				City/ Province / Country, if applicable		

Any document appearing in paper form is uncontrolled and must be compared to the electronic version.

Email: AR@nbcc.ca Preferred method

Oracle Invoice Number

Fax: 1 (506) 778-6001