



**INVOICE NO.** \_\_\_\_\_

**FOAP to Charge** \_\_\_\_\_

NW Contact and Phone \_\_\_\_\_

Date \_\_\_\_\_

**Northwest Missouri State University**

800 University Drive  
Maryville, MO 64468

ID Number 919 \_\_\_\_\_

Address \_\_\_\_\_

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

Description	Unit Price	Quantity	Tax	Total
			<b>Total Due</b>	

**Payment Method:** Cash \_\_\_\_\_ Check \_\_\_\_\_ Money Order \_\_\_\_\_

*\*Please do NOT mail cash*

**Please Submit Payment to:**

Cashiering Office  
800 University Drive  
Maryville, MO 64468

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Please return this portion with payment

Customer 919 \_\_\_\_\_

Invoice NO. \_\_\_\_\_

Customer Name \_\_\_\_\_



Total Due \_\_\_\_\_

Department \_\_\_\_\_

Payment For \_\_\_\_\_