NORTH DAKOTA STATE UNIVERSITY

(Dept Name)

(dept contact information ex: address/fax/e-mail)
(Dept contact - name and phone)

10/11/05

Name and address:

Identification #: Please include ID # with all payments

Invioce #:

Charge ☐ Credit ☐

Item Type	Description	Amount
	Invoice total	$0.00

Send payment to:

NDSU Business Office
PO Box 5456
Fargo, ND 58105