

♦Customer Account Services Copy

Department Billing Invoice

Questions about this form? Please call 701-231-8782

Click here for instructions

NORTH DAKOTA STATE UNIVERSITY

PO Box 6050

	Fargo,	ND 58108			
	Fax #:				
Name and Address:			Date:		
			Charge		
			_		
			Invoice #:		
Identification #: To expedite process	ing please include the seven digit ID numl	per with all pay	If no invoice number availa _ yments.	ibie, use	
Item Type	Description	on		Amount	
			Invoice Total:		
For questions regarding this invoice please contact:			All accounts over sixty days past due will be charged a non-negotiable monthly late payment fee of 1.75% on the principal balance.		
Department Signature				Date	
				08	

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Fax (701) 231-9541



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NORTH DAKOTA STATE UNIVERSITY

PO Box 6050 Fargo, ND 58108

Name and Address:		Date:	Date:	
		☐ Charge		
Identification #: To expedite processing p	lease include the seven digit ID number w	Invoice #:ith all payments.		
Item Type	Description		Amount	
		Invoice Total:		
For questions regarding t	his invoice please contact:	All accounts over sixty days past due will be charged a non-negotiable monthly late payment fee of 1.75% on the principal balance.		
Department Signature			Date	
◆Department Copy		NDSU Custo	108 231-8782	

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			☐ Charge	
Identification #:		Invoice #:		
To expedite processing pleas	e include the seven digit ID number with all	payments.		
Item Type	Description		Amount	
		Invoice	Total:	
For questions regarding this invoice please contact:		All accounts over sixty days past due will be charged a non-negotiable monthly late payment fee of 1.75% on the principal balance.		
Department Signature		Date		
◆Customer Copy		NE De PC Fa Ph	ease remit your payment to: OSU Customer Account Services Ept. 3110, Ceres Hall 302 O Box 6050 rgo ND 58108 one (701) 231-8782 x (701) 231-9541	

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