NDSU | CUSTOMER ACCOUNT SERVICES
DIVISION OF FINANCE AND ADMINISTRATION

Department Billing Invoice

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

Click here for instructions

NORTH DAKOTA STATE UNIVERSITY

(Type Department Name Here)
(Type Department Number Here)
PO Box 6050
Fargo, ND 58108
Fax #: (Type Fax Number Here)

Name and Address:

Date: _____

_____

_____

_____

_____

☐ Charge

☐ Credit

Invoice #: _____

Identification #: _____

If no invoice number available, use reference number generator

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

Item Type	Description	Amount
	Invoice Total:	

For questions regarding this invoice please contact:

(Type Department Contact Here)

(Type Phone # Here)

(Type Email Address Here)

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

Please remit your payment to:

NDSU Customer Account Services
Dept. 3110, Ceres Hall 302
PO Box 6050
Fargo ND 58108
Phone (701) 231-878

♦***Customer Account Services Copy***

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