

BANFIN-35
(Rev. 09/11)

The University of North Carolina at Greensboro
DEPARTMENTAL SALES INVOICE

INVOICE NO.

DATE: _____

TO: _____

THE UNIVERSITY OF NORTH CAROLINA
AT GREENSBORO
1000 SPRING GARDEN STREET
GREENSBORO, NORTH CAROLINA 27402-5001

DESCRIPTION	QUANTITY	UNIT OF MEASURE	UNIT PRICE	EXTENDED PRICE
Subtotal				
Sales Tax				
Total Amount Due				

FOR PROPER CREDIT, RETURN ONE COPY OF THIS INVOICE WITH REMITTANCE.
PAYMENT IS DUE WITHIN 30 DAYS.

UNCG FUND NUMBER		CUSTOMER NAME	AMOUNT PAID
FUND	ACCOUNT		
1 4 6 0 0 8	6 0 2 5 1 0	SALES TAX	
Total			

REMIT PAYMENT TO: The University of North Carolina at Greensboro
Cashier's Office
P.O. Box 26170
Greensboro, North Carolina 27402-6170