

Request for Invoice

(Please attach Summary of Charges - REQUIRED)

DATE: _____

CUSTOMER NAME: _____

CUSTOMER EMAIL ADDRESS: _____

KFS CUSTOMER NO.: _____

EVENT: _____

EVENT DATE: _____

PROGRAM ACCOUNT & AMOUNT:

CULN EVENT (3303650) _____	WASHINGTON PLACE (3303914) _____
KA IKENA (3302974) _____	LUNCH TRUCK (3302972) _____
220 GRILLE (3302975) _____	SUMMER PROGRAMS (3302973) _____
NON-CREDIT (3223322) _____	FARMERS MARKET (3302976) _____
STOREROOM (3301992) _____	

APPROVED & SUBMITTED BY:

Culinary Department

Date