



# Invoice Request Form

Complete form in its entirety. Obtain Officer approval before submitting to IADR.

Association: **IADR**                      **AADOOCR**

Date: \_\_\_\_\_ Requested By: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date Approved: \_\_\_\_\_

**Invoice Type:**     Reception Sponsorship  
(Please check one)  Award/Fellowship/Grant  
 Contribution Other: \_\_\_\_\_

**Invoice Format:**     IADR to Mail Paper Invoice  
 PDF to be forwarded by: \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Customer/Contact:** \_\_\_\_\_

**Company Address:** \_\_\_\_\_  
(Street Address)  
\_\_\_\_\_  
(City, State/Country, Zip)

**Information for Invoice:**                      **PO Number:** \_\_\_\_\_

Line 1              Brief Description (will appear on invoice): \_\_\_\_\_

Amount: \_\_\_\_\_ Currency (if other than USD): \_\_\_\_\_

Other Information (for internal use): \_\_\_\_\_

Line 2              Brief Description (will appear on invoice): \_\_\_\_\_

Amount: \_\_\_\_\_ Currency (if other than USD): \_\_\_\_\_

Other Information (for internal use): \_\_\_\_\_

**Special Instructions/Notes:** \_\_\_\_\_

<p>For IADR Staff Use:          Contact # (if known): _____          HotKey (if known): _____          HotKey (if known): _____</p>
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