

Date:

To: Accounts Receivable Office

From: \_\_\_\_\_

RE: Approval to Invoice/Extend Credit

The \_\_\_\_\_ department is requesting permission to extend the credit of Clemson University.

Department Number: \_\_\_\_\_

We designate \_\_\_\_\_ as the individual responsible for ensuring that we are in compliance with Accounts Receivable Policy and Procedures. This person may be reached at:

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Types of goods provided/services rendered:

It is necessary to perform services/deliver goods in advance of payment (opposed to payment at delivery) due to:

Our departmental billing and collection processes are as follows: (please attach copies of standard forms and/or collection letters)

Check one:

We will use the University's Accounts Receivable Office.

\*We wish to maintain/process our accounts receivable records/invoices within our department.

\*If requesting permission to maintain in department, please specify why this is necessary (rather than using the Univ. Receivables Office).

Prepared by: \_\_\_\_\_

Department Head/Dean Approval: \_\_\_\_\_