



Accounts Receivable Invoice

Date: _____ Invoice Number: _____ WIN Number: _____

Bill To Name: _____
 Address: _____
 Address: _____
 City, State, Zip: _____

Billing Department: _____ Phone Number: _____

Fund: _____ Department _____

Account	Quantity	Each Amt	Description	Total

Grand Total

Terms: This invoice is payable upon receipt. Write the invoice and account number on your payment.

Mail Payments to: Western Michigan University
 Attn: Cashiering
 1903 W Michigan Ave
 Kalamazoo, MI 49008-5282

Drop off payments can be made in the Bronco Express Service Team office located on the first floor of the Bernhard Center.

All amounts delinquent beyond 30 days of the due date will be subject to a service charge of 1.5% per month (18% annually)