**CLIENT APPROVAL & INVOICING PROCESS**

|  |  |  |
| --- | --- | --- |
| Please complete the below information and email back to the sender, along with any additional material. | | **Date Submitted:** |
| **Client Information** | | |
| **Contractor Name** |  | |
| **Client Name** |  | |
| **Client Division** |  | |
| **Primary Client Contact (Approving Manager)** | | |
| **Name** |  | |
| **Title** |  | |
| **Address** |  | |
| **Phone No.** |  | |
| **E-Mail** |  | |
| **Billing Contact** | | |
| **Name** |  | |
| **Title** |  | |
| **Address** |  | |
| **Phone No.** |  | |
| **E-Mail** |  | |
| **Invoicing Process** | | |
| **Invoices delivered to? (mail, e-mail, on-line, etc.)** |  | |
| **Purchase Order Required?** |  | |
| **A/P email** |  | |
| **A/P Phone** |  | |
| **A/P Address** |  | |
| **Additional Instructions** |  | |