

# Procedure Guidelines and Business Process Guide

**Department:** Fiscal Services – Accounting & Reporting  
**Procedure Title:** Manual Invoice Request  
**Date:** 6/4/2026

**BACKGROUND:**

This process ensures that manually generated invoices are properly documented, supported, and approved prior to issuance.

Fund SL002 is not eligible for this process; all SL002 requests must be submitted through the chargeback process.

Manual invoice requests may be submitted for:

- Existing customers
- New customers
- Auxiliary organizations

All requests require appropriate supporting documentation and approval before processing.

**SUBMISSION PERIOD AND PROCESSING TIME:**

1. Requests must be submitted by the 20<sup>th</sup> of the month to be included in the current month financials.
2. Requests received on or before the 20<sup>th</sup> will be completed by the end of the month, processing times may vary based on availability.

**PROCESS:**

The Manual Invoice Request Form is a read-only Excel spreadsheet template and can be found at:

<https://afd.calpoly.edu/accounting-reporting/forms>

- **SAVE THE TEMPLATE AS A MICROSOFT EXCEL SPREADSHEET**  
 Save as type **must be:** Microsoft Excel Workbook (.xlsx)
- In the top portion of the form, fill in the following sections:

Prepared By:				Date		Total Invoice	0.00
NEW Customers only				Auxiliary (if applicable select one)		Instructions	
Legal Business Name				<input type="checkbox"/> ASI - Associated Students Incorporated <input type="checkbox"/> CPF - Cal Poly Foundation <input type="checkbox"/> CPP - Cal Poly Partners <input type="checkbox"/> MACMP Corporation		Save as: Microsoft Excel Workbook (.xlsx)	
Main Contact	[Name]	[Email]	[Phone]			Email to: accountsreceivable@calpoly.edu	
Physical Street Address						Additional Attachments:	
Customer Accounts Payable						W9 (NEW Customers only)	
Billing Contact	[Name]	[Email]	[Phone]			Contract/MOU/Purchase Order QR Documented customer approval	

- **Prepared By:** Individual completing the form
- **Date:** Current date
- **Total Invoice:** Auto-calculated (no entry required)
  - Verify that the total matches the sum of all line items
- **NEW Customers Only:**
  - **Legal Business Name:** Enter the full legal name of the customer, this needs to match W9
  - **Main Contact:** Customer contact/project manager, contact with knowledge of the transaction
  - **Physical Street Address:** Provide complete physical billing or accounts payable address
    - No PO boxes.
  - **Billing Contact:** For Billing purposes only. Contact for receiving the invoice
- **Auxiliary (as applicable):** Select one auxiliary for billing.
- **Instructions and Additional Attachments:** Follow and add attachments to email request

## INVOICE DETAILS

- All chartfields with \* are required.
- See additional notes in file for more information on filling out line items

Customer Name*	Department Acronym (Limit=18) Optional	Line Description* (Limit=30)	Amount*	Account* Required field. Revenue accounts begin with 5XXXXX	Fund* Required field	DentID* Required field	Program	Class	Project	Additional Line Description (Limit = 254)

## Supporting Documentation

- **ALL Requests**
  - Completed Manual Invoice Request form in Excel(.xlsx)
  - Contract or MOU (Memo of Understanding) if applicable

**OR**

  - Documented customer approval
- **NEW Customer Request**
  - NEW Customer only and Customer Accounts Payable sections completed
  - W-9 form submitted with invoice request

## SUBMITTAL:

**Send:** the completed Manual Invoice Request and required supporting documentation to [accountsreceivable@calpoly.edu](mailto:accountsreceivable@calpoly.edu).

## CONTACT(S):

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