



University of Calgary Banking Information Request Form

**Accounts
Receivable**
2500 University Drive NW
Calgary, AB
T2N 1N4
finance@ucalgary.ca

SECTION 1 Requestor Info	
Date of Request:	Requested By:
Phone Number:	E-mail Address:

SECTION 2 Department Info	
Department Name:	Faculty:

SECTION 3 Customer Contact Information	
Customer Legal Name:	
Customer Contact Person:	
Customer Phone Number:	
Customer E-mail Address:	

SECTION 4 Additional Information	
PeopleSoft Invoice Number(s):	
PeopleSoft Customer ID Number:	
If PeopleSoft invoice not created, attach copy of document provided to customer: Invoice Copy Attached?	
If funds are a donation, does the donor wish to remain anonymous?	
Expected Payment Amount:	Currency:

SECTION 5 Special Notes or Instructions	

Accounts Receivable Office Use Only	
Date Request Received:	Request Approved By:
Date Request Approved:	