

The purpose of this form is to provide a clear & simple guideline to ensure we are invoicing correctly. All details below are gathered from our previously negotiated payment terms found in our contract, or customer issued Purchase Order. This is not a contract or authorization to proceed with any work.

Company Name:	Date:
Customer Representative:	_
Site Address:	Bill To Address:
Person Authorized to Negotiate & Approve Terms	Person Authorized to Process Invoices
Name:	Name:
Email Address:	Email Address:
Phone Number:	Phone Number:
Payment Terms (from date of Convergint invoice)	:
Material Storage Plan and/or Stored Material Billing What day of the month do you prefer receiving m	
How do you prefer to receive invoices?	
☐ Email:	
☐ Portal:	
AP Contact Name:	
AP Contact Email:	
AP Contact Phone:	
What information is required on the invoice?	
☐ PO Number ☐ J	ob Number
☐ Contract Number ☐	Other

☐ Lien Waiver – Interim/Final	☐Sales and/or Use Tax Letter
☐ Pay Application	☐Schedule of Values
□ W9	☐Prevailing Wage Reports (Attach Determination)
☐ CIP Reports	Other
Is a custom SOV required? Please specify and provide any details:	
Comments:	
Convergint Account Executive:	
Profisee Records (Internal Convergint Use):	
Bill To (Profisee ID): Site (Profisee ID):	

What additional paperwork is required to process invoices?