

INVOICE

Submit Payment to:



**University of Connecticut Health Center
 Dba EFTS Lyman Maynard Stowe Library
 263 Farmington Avenue
 Farmington CT 06034-4003**

**(860) 679-4500, Toll Free: (866) 561-5045
 Fax: (860) 679-1305
 FEIN: 52-1725543**

<i>Date</i>	<i>Invoice Number (LIBID MMDDYY format)</i>	<i>DOCLINE LIBID</i>	<i>Amount</i> \$
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INSTITUTION: ATTN: ADDRESS: ADDRESS: CITY:	FAX: PHONE: EMAIL ADDRESS: ZIPCODE:

Electronic Fund Transfer System

GIVE FULL DESCRIPTION OF GOODS AND / OR SERVICES COMPLETED				AMOUNT
<p>Electronic Fund Transfer System:</p> <p>To Replenish Account with EFTS for Interlibrary Loan Requests.</p> <p>ESTIMATED COST:</p> <p>PAYABLE: NET 10 DAYS</p>				<p>\$</p>