

**ACKNOWLEDGMENT OF BILLING AUTHORIZATION
FOR FINANCIAL OBLIGATIONS
University Departments**

As _____,
Title

the _____ has agreed to
University Department

assume financial responsibility for the

Event Title

to be held on _____, 20____. The method of payment will be:

<input type="checkbox"/> Direct charge							
	Acct	Fund	Org	Program	Subclass	Bud Yr	Proj/Grant

Foundation check

Other, Please specify _____

The undersigned agrees to meet all the financial obligations incurred for the above event (including any room set-up, equipment rental, security or miscellaneous charges). The University Department shall accept full responsibility for these financial obligations.

Date

Dean, Dept. Chairman, Unit Business
Manager or other authorized person
(please print name & title)

Signature

Send invoice/billing information to:

Name: _____
Billing Address: _____

Phone: _____
Fax: _____