

INTERNAL BILLING NUMBER ASSIGNMENT REQUEST

The _____ has agreed to assume financial
(University Department)
responsibility for goods or services provided by the department selected below:

- | | |
|--|--|
| <input type="checkbox"/> GARAGE | <input type="checkbox"/> PARKING |
| <input type="checkbox"/> MAIL SERVICES | <input type="checkbox"/> TELECOMMUNICATIONS |
| <input type="checkbox"/> PRINTING SERVICES | <input type="checkbox"/> UITS |
| <input type="checkbox"/> PHYSICAL PLANT | <input type="checkbox"/> UNIVERSITY SAFETY & ASSURANCE |

Payment for services should be charged against:

Acct	Fund	Dept	Program	Subclass	Bud Yr	Proj/Grant

The undersigned agrees to meet all the financial obligations incurred for the above purchase of goods and/or services. The University Department shall accept full responsibility for these financial obligations.

_____ 20____ Name: _____
Date Title: _____
Dean, Dept. Chairman, Unit Business Manager or
other authorized person (please print name & title)

Send invoice to:

_____ Signature

Billing Department Use Only:

Billing Number assigned to Department: _____