

**University of Wisconsin-Milwaukee
PAWS Charge Authorization Form**

Student Information:

| Last Name | First Name | Campus or Empl ID |
|-----------|------------|-------------------|
| | | |

Student Authorization (if necessary):

I hereby authorize the University of Wisconsin – Milwaukee to charge my PAWS account as indicated below.

Student's Signature

Date

Charge Information:

| Amount | Item Type (Charge Description) | Term |
|------------------------------------|-----------------------------------|------|
| | | |
| | | |
| | | |
| | | |
| Reason for Adding Charge(s) | | |

Department Authorization:

| | |
|-------------------------|------------------------|
| Department Name: | Contact Person: |
| | |
| Phone Number: | E-mail Address: |
| | |
| Signature: | Date: |
| | |

Submit the completed form to the Office of Student Accounts, Mellencamp Hall, Room 110.