

**PRINT & COPY SERVICES INTERNAL BILLING NUMBER REQUEST**

The \_\_\_\_\_ has agreed to assume financial  
(University Department)  
responsibility for goods or services provided by Print & Copy Services.

New Billing Number Request

Change Billing Number: (only ONE per form) \_\_\_\_\_

Cancel Billing Number: \_\_\_\_\_

Payment for services should be charged against:

**Primary Funding**

Account	Fund	Department	Program	Subclass	Budget Yr	Project/Grant

**\*\*Note:**

If the above funding string becomes invalid in the future, please make sure that you fill out this form again and mark it to change the billing number and assign a new funding string. If new funding is not assigned then the service providing department will use your departments default funding string.

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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name:  
\_\_\_\_\_  
Title:  
\_\_\_\_\_  
Dean, Dept. Chairman, DFO or authorized person

Send invoice to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

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**Billing Department Use Only:**

**Billing Number** \_\_\_\_\_ **has been assigned/changed per the department on**

\_\_\_\_\_  
Date