PRINT & COPY SERVICES INTERNAL BILLING NUMBER REQUEST

**Note: Title: Deartment Department Department Program Subclass Budget Yr Project/Grant					h	as agreed	d to assume fi	nancial
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: fit 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	oonsibility for good	ls or ser	vices provid	ed by Pri	nt & Copy S	ervices.		
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**Note: Title: Dear Department Program Subclass Budget Yr Project/Grant	Payment for service	ces shou	uld be charge	ed again	st:			
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Date Title: Dean, Dept. Chairman, DFO or authorized person Send invoice to: Signature Billing Department Use Only:	departments default funding. The undersigned agree	ng string. es to mee	et all the finan	cial obliga	ions incurred	for the abo	ove purchase of g	oods
Send invoice to: Signature Billing Department Use Only:				ı	Name:			
Send invoice to: Signature Billing Department Use Only:	Date							
Signature Billing Department Use Only:				I	Dean, Dept. Ch	nairman, DF	O or authorized	person
Billing Department Use Only:	Send invoice to:							
				-	ignature			
Billing Number has been assigned/changed per the department on	Billing Department Us	se Only:						
	Billing Number			ha	ıs been assign	ed/change	d per the depart	ment on
								