

**UMBC OFF-CAMPUS  
BILLING REQUEST  
FORM**

Submit to:  
Student Business Services  
Off-Campus Billing Office  
Administration Building – Third Floor

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Preparer: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

|   |             |
|---|-------------|
| <b><u>Requester Information</u></b>               |             |
| Name: _____                                       |             |
| Title: _____                                      |             |
| Department  | Name: _____ |
| Phone Number : ( ) _____ - _____ Signature: _____ |             |

|                                  |                   |                |
|----------------------------------|-------------------|----------------|
| <b><u>Debtor Information</u></b> |                   |                |
| Name: _____                      | Federal           | ID# _____      |
| Street                           | Address: _____    |                |
| City: _____                      | State Code: _____ | ZipCode: _____ |

|                                   |  |
|-----------------------------------|--|
| <b><u>Contact Information</u></b> |  |
| Name: _____                       |  |
| Title: _____                      |  |
| Phone Number : ( ) _____ - _____  |  |

|                                   |  |
|-----------------------------------|--|
| <b><u>Account Information</u></b> |  |
| Purchase Order #: _____           | Contract #: _____                                  |
| Service Date: ____/____/____      |  |
| Service Description _____         |  |
| Amount: \$ _____                  | Interagency Billing (State of MD): Y _____ N _____ |
| Comments : _____                  |  |

|  |                    |                      |
|--|--------------------|----------------------|
| <b><u>Chart String Information</u></b> |                    |                      |
| Dept: _____                            | Project: _____     |                      |
| Funds: _____                           | T-Code: _____      |                      |
| Prog. Fin: _____                       | Account#: _____    |                      |
| Project ID: _____                      | Activity ID: _____ | Resource Type: _____ |

Required Information is in BOLD  
Attach all back-up documentation