

**UMBC OFF-CAMPUS
BILLING REQUEST
FORM**

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

Preparer: _____ Title: _____ Date: ____/____/____

Requester Information

Name: _____

Title: _____

Department Name: _____

Phone Number : () _____ - _____ Signature: _____

Debtor Information

Name: _____ Federal ID# _____

Street Address: _____

City: _____ State Code: _____ ZipCode: _____

Contact Information

Name: _____

Title: _____

Phone Number : () _____ - _____

Account Information

Purchase Order #: _____ Contract #: _____

Service Date: ____/____/____

Service Description _____

Amount: \$ _____ Interagency Billing (State of MD): Y _____ N _____

Comments : _____

Chart String Information

Dept: _____ Project: _____

Funds: _____ T-Code: _____

Prog. Fin: _____ Account#: _____

Project ID: _____ Activity ID: _____ Resource Type: _____

Required Information is in BOLD
Attach all back-up documentation