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