

REQUEST FOR BILLING  
 CASE WESTERN RESERVE UNIVERSITY  
 ATTN: CONTROLLER'S OFFICE

BILLING INFORMATION

BILL TO: \_\_\_\_\_  
 WEB URL: \_\_\_\_\_  
 DEPARTMENT: \_\_\_\_\_  
 COUNTRY: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE: \_\_\_\_\_  
 CONTACT NAME: \_\_\_\_\_  
 CONTACT TITLE: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_  
 CONTACT EMAIL: \_\_\_\_\_  
 CONTACT FAX: \_\_\_\_\_

PO NUMBER

DATE	EXPLANATION OF CHARGES	SPEEDTYPE	ACCOUNT	AMOUNT

Requestor Information

EMAIL: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 BUILDING: \_\_\_\_\_

PHONE: \_\_\_\_\_  
 DEPT: \_\_\_\_\_  
 LOC: \_\_\_\_\_