

Request for Non-Student Billing

Please fill out completely

Date: _____

Requesting Department: _____ University Police Department

Requestor: _____ Kim Sheward _____ Ext _____ 2778
 (If Different From Signatory Below)

Complete the Following Billing Request Information

Billing Name: _____ New Account?: _____

BANNER ID: _____ **Tax ID/Social Security:** _____
 (Must Supply If Available) (Must Supply If Banner ID Is Not Available)

ATTN Department or Individual: _____
 (Complete only if required by the entity to be billed)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Contact Person: _____

Fax: _____ E-mail: _____

Date of Service	Description	Banner Account to Credit				Amount
		Fund	Orgn	Account	Prog	
	Police Webcheck Account	111000	120501	503225	61	

As the signature authority for this department, I certify that the above listed items are valid amounts owed Youngstown State University.

_____ University Police Dept _____ 2778
 Authorized Signature Department (print) Extension

Kim Sheward

_____ Please Print Name of Authorized Signatory