

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 | SPEEDTYPE | ACCOUNT NO. |
|-----------|-----------|-------------|

| DATE | EXPLANATION OF CHARGES | AMOUNT |
|------|------------------------|--------|
| | | |

Requestor Information

EMAIL: _____
 NAME: _____
 BUILDING: _____

PHONE: _____
 DEPT: _____
 LOC: _____