

## Request for Non-Student Billing

Please print and fill out completely.

Date: \_\_\_\_\_

Requesting Department: \_\_\_\_\_

Requestor: \_\_\_\_\_ Ext \_\_\_\_\_  
(If Different From Signatory Below)

### Complete the Following Billing Request Information

Billing Name: \_\_\_\_\_ New Account: Y / N

**BANNER ID:** Y \_\_\_\_\_ **Tax ID/Social Security:** \_\_\_\_\_  
(Must Supply If Available) (Must Supply If 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	

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

\_\_\_\_\_  
Authorized Signature Department (print) Extension

\_\_\_\_\_  
Please Print Name of Authorized Signatory