

Request for Recurring 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 Begin/End	Description	Banner Account to Credit				Total Amt Due
		Fund	Orgn	Account	Prog	

Payment Cycle: Monthly Quarterly Semi-Annual Annual

Pymt #	Payment Due mm/yyyy	Payment Amount
1		
2		
3		
4		
5		
6		

Pymt #	Payment Due mm/yyyy	Payment Amount
7		
8		
9		
10		
11		
12		

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

Authorized Signature

Department (print)

Extension

Please Print Name of Authorized Signatory