

Request for Non-Student Billing

Please Print all Except Signature

Date: _____

Requestor: _____ Ext _____
Please Print

The following individual, company, or organization is to be billed for the items & amounts listed:

Name: _____ (Please Print)

BANNER ID# _Y_____ (Must supply if available)

Billing Address: _____ (Please Print)

City: _____ State: _____ Zip: _____

Tax ID/Social Security Number: _____

Phone: _____ Contact Person: _____

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

Please fill out this form completely, including Tax ID or Social Security Number
If you have any questions, contact the Office of Student Accounts & University Receivables