

**Physical and Biological Sciences Business Office  
Billing Request**

**Customer Information**

Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ Attn: \_\_\_\_\_

Preferred method of forwarding this bill:  Mail to above address

Fax to (indicate fax number): \_\_\_\_\_

**Billing Information**

Item No.	Qty	Description	Unit Cost	Total Charge	FOAPAL(s) To Receive Credit
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
<i>Total Charges:</i>				\$	

Requested by: \_\_\_\_\_ Facility: \_\_\_\_\_ Ext. \_\_\_\_\_ Date: \_\_\_\_\_

PBSBO Accountant Review/Approval: \_\_\_\_\_ Ext: \_\_\_\_\_ Date: \_\_\_\_\_

**PBSBO USE ONLY**

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_ Approved by: \_\_\_\_\_

Invoice No.: \_\_\_\_\_