

# UWBC BILLING REQUEST FORM

Please complete this form and return to Greg Barrett-Wilt: Ph. (608) 262-8732, Rm 2250, 425 Henry Mall, Madison, WI 53706

Today's Date: \_\_\_\_\_

Facility Requesting Billing: Mass Spectrometry

Person Requesting Billing: Greg Barrett-Wilt

**FUND/ACCOUNT TO BE CREDITED**

FUND	DEPARTMENT
136	347550

**Charge (INTERNAL) Customer's:**

	FUND & ACCT.	UDDS	ACTIVITY
<input type="radio"/>			
<input type="radio"/>	Requisition No. _____		
<input type="radio"/>	Prepaid _____		

**Charge (EXTERNAL) Customer's:**

<input type="radio"/>	P/O No.	_____
<input type="radio"/>	Direct Bill	_____
<input type="radio"/>	Prepaid	_____

**CUSTOMER ADDRESS**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

**BILLING CONTACT ADDRESS**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Special Instructions: *Users, Please fill out the sample ID below*

SAMPLE ID	Date of Service	Description	HOURS	RATE	TOTAL

<p><i>Business Office Use Only</i></p> <p>DATE RECEIVED: _____</p>	<p>DATE ENTERED: _____</p>
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