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DIVISION OF FINANCE BILLING PROFILE

Billing Code

Requested by

Date	MM/DD/YYYY
Name	
Dept. Name	
Division	
Phone	

Remit to / Pay to Information

Send Payment To	Department	Division	
	Address		
	City	State	Zip
Make Payment Payable to			

Contact / Print file E-mail Information

Contact Name
Contact Phone
Print File E-Mail Address

	Invoices Only
Invoice/Statement	Statements Only
	Invoices and Statements
	No Print Required
Statement Day	Receivable Due Date Lag
Instruction Code	Billing Collection Code

Department Requestor	Date	Department Approval	Date
		Name	
		Title	

FOR FINANCE USE ONLY			
Division of Finance Approval	Date	Entered By	Date
Name		Name	
Title		Title	