FI 138 07/2022 Division of Finance

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Add Change

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## **DIVISION OF FINANCE BILLING PROFILE**

Billing Code

Name

Title

**Requested by** 

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

## Remit to / Pay to Information

Send Payment To	Departmen Division Address	nt						
	ient Payable	City e to ail Information		State	Zip			
Contract Name								
Contact Phone								
Print File E	E-Mail Addre	ess						
Invoice/Statement Invoices Only Statements Only Invoices and Statements No Print Required								
Statement Day Receivable Due Date Lag								
Instruction C	Instruction Code Billing Collection Code							
Department	Approvals:	:						
Department	Requestor			Departme lame itle	ent Approval	Date		
FOR FINANCE USE ONLY								
Division of	f Finance Ap	pproval	Date	Entered By		Date		

Name Title