



For Office Use ONLY Billing No _____
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Instructions: This form is used when **requesting, changing, or deleting** budget billing information at the Office of Physical Plant. Send completed form to Room 268, Physical Plant Building. Retain copies for department/FO purposes, as applicable.

Date: \_\_\_\_\_  New\*  Change\*  Delete\*

Requestor Name \_\_\_\_\_ Requestor E-mail \_\_\_\_\_

Requestor Address \_\_\_\_\_ Requestor Telephone # (work) \_\_\_\_\_

Administrative Area: \_\_\_\_\_ Department Name: \_\_\_\_\_

**\*\*Direct-Billing Charge Information**

<u>Dept. Ref. No.</u>	<u>Dept. No.</u>	<u>Fund Name</u>	<u>Fund No.</u>	<u>Obj. Class</u>	<u>Proj. No.</u>
_____	_____	_____	_____	<b>309</b>	_____

\_\_\_\_\_  
Budget Administrator/Executive Date Financial Officer Date

\* Authorized signatures required if Material Billing Authorization is new, budget information changes, if the Billing Authorization is being deleted, or there are signature changes.

\*\*The above budget authorization will be used to direct-bill the department for charges accumulated for materials purchased from OPP Stores