



REQUEST FOR BILLING
CASE WESTERN RESERVE UNIVERSITY
ATTN: CONTROLLER'S OFFICE

BILLING INFORMATION

BILL TO: _____
WEB URL: _____
DEPARTMENT: _____
COUNTRY: _____
ADDRESS: _____

DATE: _____
CONTACT NAME: _____
CONTACT TITLE: _____
PHONE NUMBER: _____
CONTACT EMAIL: _____
CONTACT FAX: _____

DATE	EXPLANATION OF CHARGES	SPEEDTYPE	ACCOUNT	AMOUNT
[Empty table body]				

Requestor Informst* 6024T/9ot* n

FOR INTERNAL USE ONLY