

## **Third Party Billing Form**

Date:		
To: Third Party Billing	Representative Controller's Offi	ice, Admin. 203
From:		
Bill to:		
Contact person:		
Address:		
City, State, Zip:		
Phone:		
Requesting Departme	nt Name:	
Requesting Departme	nt 7- digit PS Number:	
Purpose of billing (atta	ach all supporting documentatio	n (e.g. purchase order, memo)
Controller Office Us	e Only:	
Date Billed	Billed By	Invoice Number