

Financial Services

**Billing for Goods/Services from UMMS**

<b>UM Department Name</b>	
<b>Address</b>	
<b>Contact Person</b>	
<b>Phone</b>	
<b>Email</b>	
<b>Date</b>	

<b>Goods/Services provided:</b>	<b>Amount</b>
<b>Total:</b>	

<b>UMB Chart of Account to charge for NonSpon</b>					
<b>Object</b>	<b>Source</b>	<b>Org</b>	<b>Activity</b>	<b>Purpose</b>	<b>Function</b>

  

<b>UMB Chart of Account to charge for Spon</b>			
<b>Project</b>	<b>Org</b>	<b>Exp Type</b>	<b>Funding Source</b>

<b>UMMS Account Credited</b>		
<b>Company #</b>	<b>Accounting Unit</b>	<b>Expense Account</b>

				<b>Return completed form to:</b>  <b>UMMS</b> <b>General Accounting</b> <b>900 Elkridge Landing Road</b> <b>3rd Floor East</b> <b>Linthicum Heights, MD 21090</b>
<b>UM Approval Signature</b>		<b>UMMS Department Signature</b>		
<b>UM Approval Name (Please print/type)</b>		<b>UMMS Dept Name (Please print/type)</b>		
<b>Title</b>		<b>Title</b>		
<b>Date</b>		<b>Date</b>		

**Please attach appropriate documentation for this billing.**