

Financial Services

**Billing for Goods/Services from UMMS**

UM Department Name	
Address	
Contact Person	
Phone	
Email	
Date	

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

UM Chartstring to be Charged						
PCBU	Project ID	Owner Department	Program	Fund	Account	Transaction Dept

UMMS Cost Center Credited	Account

		<b>Return completed form to:</b>  UMMS General Accounting 900 Elkridge Landing Road 3rd Floor East Linthicum Heights, MD 21090		
<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.**