

**Departmental Recharge/Interdepartmental Billing Form**

*For recharge account information, contact your Departmental Administrative Assistant.*

Recharge Department: \_\_\_\_\_

Charge Account String:

\_\_\_\_\_

(Entity-Fund-Department-Account-Purpose-Program-Project-Activity-Inter Entity-Future 1-Future 2)

Authorized Name for Account: \_\_\_\_\_

Contact for Account (MSO, etc.): \_\_\_\_\_

Contact Telephone: \_\_\_\_\_

Contact Address: \_\_\_\_\_

**Requestor Information (if different from above)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_