

Colgate University Accounting and Control Billing Request Form

The Accounting Office will use this completed form to generate a third-party billing invoice for Colgate services rendered. Upon receipt of the form, the budget indicated below will be credited for the balance owed, and collection efforts will commence.

Third-Party Billing Information

Amount to Bill	\$
Individual/Organization Name	
Date of Service	
Description of Service	
Address	
Email/Phone Number	

Third-Party Contact Information (if different from above)

Individual Name	
Email/Phone Number	

Colgate Budget to Credit

Fund	Organization	Account	Program

Colgate Employee Completing Form Phone Ext. Date

Colgate Employee Authorization Transaction Phone Ext. Date

Accounting Office Use

Vendor ID Number Address Type JV# MBIL SDoc#

Initials Date Scanned

Please submit this form, and direct any questions, to:
Colgate University, Student Accounts, 13 Oak Drive, Hamilton, NY 13346
Phone: 315-228-4817 • Fax: 315-228-7989 • E-mail: stuaccounts@colgate.edu