



## Transfer of Cellular Phone Liability Departmental Billing to Personal Billing

Cell Phone Number \_\_\_\_\_

Currently Billed to Cost Center \_\_\_\_\_

### Change Billing to:

Name \_\_\_\_\_

Campus ID # \_\_\_\_\_

Email Address (monthly detail is emailed)

\_\_\_\_\_

*I understand that all billing posted after July 1, 2008, will be billing to the personal account listed above, and payment will be due to Receivable Accounting on the first of the month. All prior contact requirements still apply.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

**RETURN BY JUNE 23, 2008 TO:**

PAYROLL & TRAVEL SERVICES  
WARRINER HALL RM 204