

Non-Sponsored Funding Billing Agreement

Paying Institution Name: Address:		Receiving Institution Name: Address:	
Departmental Contact		Departmental Contact	
Agreement Reference #			
This Billing Agreement is a <input type="checkbox"/> new agreement or an <input type="checkbox"/> amendment, No. _____ to an existing agreement			
Period of Performance <i>mm/dd/yyyy to mm/dd/yyyy</i>		Total Authorized Amount	\$ _____
Purpose Title:			
<p>1) Paying Institution shall provide Receiving Institution the above referenced total authorized amount for agreed upon services. All invoices shall be submitted using the Receiving Institution's standard invoicing practice. Questions concerning invoice receipts or payments should be directed to the appropriate party's Financial Contact.</p> <p>2) <u>Purpose Description:</u></p>			
Paying Institution Contacts		Receiving Institution Contacts	
<u>Departmental Administrative Contact</u> Name: Title: Telephone: Email: _____ Date: _____ Center Number: Not Required, But Helpful for Processing		<u>Departmental Administrative Contact</u> Name: Title: Telephone: Email: _____ Date: _____ Center Number: Not Required, But Helpful for Processing	
<u>Financial Contact</u> Name: Address: Telephone: Email:		<u>Financial Contact</u> Name: Address: Telephone: Email:	
<u>Authorized Official</u> _____ Date: _____ Name: Title:		<u>Authorized Official</u> _____ Date: _____ Name: Title:	