

Request to Setup 22-XXXX Budget

(To bill outside institutions)

22-

University of Washington Dept
of Comparative Medicine HSB,
I-458, Box 357340
1959 NE Pacific St.
Seattle, WA 98195-7190

UW Info:

Today's Date:

Investigator:	Phone:	
Department:		
Email:		
Lab Contact:	Phone:	
Email:		

Off Campus Institution Info:

Institution Name:		
Investigator Name:	Phone:	
Email:		
Lab Contact:	Phone:	
Email:		
Billing Contact:	Phone:	
Email:		
Customer PO # or Credit Card Payment:		<i>Credit Card is recommended</i>

Accounts Payable:	Phone:	
Complete Billing Address:	Email:	

Comments:	
-----------	--

Please submit this form to billing@u.washington.edu to setup a 22-XXXX budget.