ADVERTISING BILLING FORM

Responsible Department Account Information

This form must be completed in its entirety.

Dept. Name		**Authorized By**	
Position No.		**Phone/Fax #**	
Position Title		**Date**	

Account Information

Fund	Org	Account Code	Activity Code

Human Resources Use Only

Human Resources Rep.		**Date Sent to BSC**	
Job Order #		**Initials of Sender**	
Department Contact		**# Attachments**	

Media/Advertising Information

Publication	Date Placed	Ad Date(s)	Ad Cost	Contact Name/Tel. No.

Please attach this form to the Position Vacancy Form