

# Form AD-673, Request To Bill

## REQUEST TO BILL

PAYER		BILL NUMBER	DATE
NAME AND ADDRESS		CREDIT	
		APPROPRIATION	WORK PLAN CODE
		PERIOD COVERED	
		FROM	TO
OBJECT CLASS	DESCRIPTION		AMOUNT
<u>AUTHORITY</u>			
		AMOUNT TO BE BILLED	
I certify that the above charges are correct and proper.			
AGENCY		DIVISION	DATE
SIGNATURE (Administration or License Officer)		PHONE (Area code and number)	
		<input type="checkbox"/> FTS <input type="checkbox"/> COMM	