

University of Wisconsin – Whitewater

Student Organization Services Chargeback Sign-up Form

Organization: \_\_\_\_\_

President: \_\_\_\_\_

Telephone: \_\_\_\_\_

Preferred Billing Address: \_\_\_\_\_

President Email: \_\_\_\_\_@UWW.EDU

Advisor: \_\_\_\_\_

Telephone: \_\_\_\_\_

Advisor Office Location: \_\_\_\_\_

Advisor Email: \_\_\_\_\_@UWW.EDU

Requested Services Chargeback (check all that apply):

All Services

Copying

Printing

Lamination

Faxing

Other (list below)

Other services requested:

Authorized Users:

_____	_____
_____	_____
_____	_____
_____	_____

With my signature below I understand that **any and all** charges by the above people will be the responsibility of our organization to pay within **thirty (30) days** of the invoice being sent by the staff of **Career & Leadership Development**.

Organization President's Signature

Today's Date