

University of Wisconsin – Whitewater

Student Organization Copying Chargeback Sign-up Form



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

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

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

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

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

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

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

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**.

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Organization President's Signature \_\_\_\_\_ Today's Date \_\_\_\_\_