

# City of Madison - Billing Authorization

Billing Department: \_\_\_\_\_  
 Department Number: \_\_\_\_\_

Date: \_\_\_\_\_  
 Authorized By: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

BILL TO	DESCRIPTION	AMOUNT	ACCOUNT NUMBER
		\$	
		\$	
		\$	
		\$	
		\$	
		<b>TOTAL</b>	Invoice No.:
		\$	
		\$	
		\$	
		\$	
		\$	
		<b>TOTAL</b>	Invoice No.:
		\$	
		\$	
		\$	
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		\$	
		<b>TOTAL</b>	Invoice No.:
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		<b>TOTAL</b>	Invoice No.:
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		<b>TOTAL</b>	Invoice No.: