

IT COMMUNICATIONS Billing Inquiry

NOTE: You can type your information directly into this form prior to printing

Name: _____ *required
Email: _____ *required
Phone: _____ *required
Department: _____ *required
To: ITCom Billing Department Fax: 647-8243

THIS REQUEST PERTAINS TO: (check one)

- Status of Existing Billing Inquiry # _____**
Write the Billing Inquiry # provided from ITDBill@umich.edu
- Account Change**
Do not use this form. Instead, please complete the Account Change Request form at <http://www.itcom.itd.umich.edu/orders>.
- New Billing Inquiry** [there are other pages to follow]
Print all details below. Be as specific as possible. If your inquiry pertains to your Statement of Account, fax a copy of the **Voucher Detail** that corresponds with the Chartfields in question.

If this is a NEW Billing Inquiry, you will receive an email confirmation providing a Billing Inquiry #. Please keep this number available for reference on any future correspondence pertaining to this particular inquiry. If you have any further questions, please email **ITDBill @ umich.edu**. Please see ITCOM's web-based Billing Inquiry form at <http://www.itcom.itd.umich.edu/orders>.

(ITCom Use Only)