**UMBC OFF-CAMPUS BILLING INFORMATION REQUEST FORM**

Please fill out the following information before utilizing the KPIF services for the first time. Please note your role as instructor, grad student, post-doc, PI, or staff scientist. If you are a trainee (i.e., grad or post-doc) at an academic institution, please provide the name and email of your supervisor/PI.

**Institution/Organization Name:**

**Institution Federal ID #:**

**Customer:**

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Role:

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Supervisor/PI Name (if applicable):

Supervisor/PI Email (if applicable):

Department (if applicable):

**Accounts Payable Contact Person:**

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