Fax Billing Form

Date Submitted ______________________

Organization Name ________________________________________________________________

Name ___________________________________________ Phone Number ____________________

Signature _________________________________________________________________________

OUTGOING

Local:
First Page: $2.00
Each additional page: $1.00
Number of Pages _____@ $1.00 each = _______
Total = _______

Long Distance:
First Page: $2.00
Each additional page: $1.50
Number of Pages _____@ $1.50 each = _______
Total = _______

International:
First Page: $2.00
Each additional page: $2.00
Number of pages _____@ $2.00 each = _______
Total = _______

INCOMING

Each page $0.50
Number of pages _____@ $0.50 each = _______
Total = _______

Payment as Follows:

➢ FRS Account # ________________
➢ Check _________________________
   (Made out to UMass Dartmouth)
➢ Cash __________________________