



UMass

Dartmouth

STUDENT ACTIVITIES, INVOLVEMENT, & LEADERSHIP OFFICE

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** _____