Section XIII: F VIII e

RANDOLPH COMMUNITY COLLEGE LIVE PROJECT CHARGE FORM

Department:		Job Number:	
QUANTITY	DESCRIPTION OF ITEM	UNIT COST	TOTAL COST
		<u> </u>	
		2115	
	TO BUSINESS OFFICE:	SUB TOTAL	
	Collect Charges	+ 10 %	
	Invoice Charges	TOTAL	
CHARGE TO):		
	Name of Agend		
ADDRESS:	Street or PO Box	_ PHONE:	
	City	State	Zip Code
Charge form	approved by:		

chrgform.xls Revised:

Instructor

Date