O UNIVERSITY OF OREGON Business Affairs Office

'Bill To' and 'Ship To' Code Set Up Form
(Please send completed form to Cost Accounting, Business Affairs Office, Thompson University Center)

Bill To Address

Buyer Code *(up to 4 characters)*		**Buyer Code** *(up to 4 characters)*	
Contact Person		**Contact Person**	
Contact Phone	( )	**Contact Phone**	( )
Department/Pgm		**Department/Pgm**	
Zip Plus 4		**Zip Plus 4**	
City, State Zip		**City, State Zip**	

Ship To Address(es)

Ship To Code *(up to 6 characters)*		**Additional Ship To Code**	
Contact Person		**Contact Person**	
Contact Phone	( )	**Contact Phone**	( )
Department/Pgm		**Department/Pgm**	
Zip Plus 4		**Zip Plus 4**	
Street Address		**Street Address**	
Room/Building		**Room/Building**	
City, State Zip		**City, State Zip**	

Additional Ship To Code		**Additional Ship To Code**	
Contact Person		**Contact Person**	
Contact Phone	( )	**Contact Phone**	( )
Department/Pgm		**Department/Pgm**	
Zip Plus 4		**Zip Plus 4**	
Street Address		**Street Address**	
Room/Building		**Room/Building**	
City, State Zip		**City, State Zip**	

Requested By

Department	Name	Phone	Date