

**University of Wisconsin-Milwaukee
PAWS Charge Authorization Form**

Student Information:

Last Name	First Name	Campus or Empl ID

Student Authorization (if necessary):

I hereby authorize the University of Wisconsin – Milwaukee to charge my PAWS account as indicated below.

Student's Signature

Date

Charge Information:

Amount	Item Type (Charge Description)	Term
Reason for Adding Charge(s)		

Department Authorization:

Department Name:	Contact Person:
Phone Number:	E-mail Address:
Signature:	Date:

Submit the completed form to the Accounts Receivable Office in Mitchell Hall, Room 295.