ABCC CASE REPRINTS Internal Usage and Billing Form

Name of Instruct	or using th	ne case:			
Institute / Schoo	l where In	structor will be using the c	ase:		
Course Name:					
Academic Year a	nd Semest	er/Trimester of Case Usag	e:		
Audience Undergraduat	e □ MBA	A/EMBA/MSc/Graduate □	Executive Education	n 🗆 Others:	
Case Ref No.		Permissions Order - Title	of Case Study	Quantity	Cost
			Tot	tal	
= :	rgraduate c	n-NBS undergraduates and \$5 ourses as the NBS Undergrad			
Name & Designation and Date					
Cost Centre and	Chargeabl	e GL Account (where applic	cable)*		
Requestor Department:				(Departm	ent Name)
			(Cost Centre)	81001050	(GL Acct)
Recipient ABCC:		C300064004	(Cost Centre)	81000004	(GL Acct)
Approved by: (D	OA)**				

Signature

Name & Designation

Date

Payment will be via internal fund transfer to ABCC, which will be processed over at our end.
 If you are unsure of the Delegation of Authority (DOA) signatory for your Department, please check with NBS Finance.