



JOHNS HOPKINS

SHERIDAN LIBRARIES &
UNIVERSITY MUSEUMS

Submission of Thesis or Dissertation departmental Payment Form:

(Use this form only if the Department or School will cover the submission cost)

Name of Student: _____

Department/School: _____

Cost Center or Internal Order to be charged: _____

Fund to be charged: _____

Service	Quantity	Cost	Amount
Electronic Thesis or Dissertation Submission			
TOTAL:			

Department Administrator (please print): _____

Authorized Signature: _____

Phone Ext: _____

Date: _____