



## AUTHORIZATION FOR INTERNAL DEPARTMENTAL CHARGES

### Contact Information:

Principal Investigator: \_\_\_\_\_

Campus Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Department Fiscal Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

### Billing Information:

Organization #: \_\_\_\_\_

Fund #: \_\_\_\_\_ Program #: \_\_\_\_\_

Account #: \_\_\_\_\_ User Defined: \_\_\_\_\_

Is this an OSURF fund ? yes or no If yes:

Project #: \_\_\_\_\_

Project Title: \_\_\_\_\_

Project Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

### Authorized core usage: (check all that apply)

Integrative Cardiovascular Physiology  Flow Cytometry

Interventional Cath Core  Microscopy

EPR/NMR/VEVO  Atomic Force Microscopy

### Authorized users: (print users names)

\_\_\_\_\_  
\_\_\_\_\_

By signing this document, you are authorizing the user(s) listed above to accumulate lab charges that will be expensed to your fund. Additional users may be authorized by submitting a signed Core Laboratories User Agreement to the appropriate core manager or by email. This authorization will remain in effect for one year from the date of signing or until the project ending date, which ever occurs first. You will receive a renewal form prior to the expiration date. The Principal Investigator may revoke this authorization at any time by first notifying the user(s) that they no longer have permission to use the core facilities, and then notifying the DHLRI Business Manager (Karel Smith, 247-7797) of the individuals whose authorization has been revoked.

**Principal Investigator (signed):** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return this and all other completed core registration forms to the core manager who issued them. For any questions regarding the forms or the billing process, please contact Karel Smith at 247-7797