

# **MATERIALS RESEARCH FACILITY ACCOUNT INFORMATION FORM**

Please fill out and return this form.

## **USER INFORMATION:**

USER'S NAME: \_\_\_\_\_

USER'S EUID: \_\_\_\_\_ CATEGORY: \_\_\_\_\_

USER'S E-MAIL: \_\_\_\_\_ PHONE #: \_\_\_\_\_

USER'S DEPARTMENT: \_\_\_\_\_ OFFICE: \_\_\_\_\_

USER'S SIGNATURE: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

The user certifies that they are 18 years old or older and that all information is accurate.

## **SUPERVISOR INFORMATION:**

SUPERVISOR'S NAME: \_\_\_\_\_

SUPERVISOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## **PROJECT ACCOUNT INFORMATION:**

PROJECT ACCOUNT (GRANT, IDC, OR CHART STRING) #: \_\_\_\_\_

| ORG DEPT | FUND CAT | FUND | FUNCTION | PC BUS UNIT | PROJ / GRANT | ACTIVITY | PROGRAM | PURPOSE | SITE |
|----------|----------|------|----------|-------------|--------------|----------|---------|---------|------|
|          |          |      |          |             |              |          |         |         |      |

I authorize the Materials Research Facility to post the monthly usage charges to my project/chart string.  
I will review the posted charges and initiate a cost transfer if appropriate.

PROJECT TOTAL EXPENSE LIMIT: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

ACCOUNT AUTHORIZER'S NAME: \_\_\_\_\_

ACCOUNT AUTHORIZER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## **COLLEGE RESEARCH OFFICER APPROVAL:**

For GRANTS please complete the following

APPROVER'S NAME: \_\_\_\_\_

APPROVER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_