

# DNA SEQUENCING CORE FACILITY WORK AUTHORIZATION

**Core Facility Director: Derek Warner**  
**e-mail: [dwarner@cores.utah.edu](mailto:dwarner@cores.utah.edu)**  
**585-2975 (office)**

P.I. Name: \_\_\_\_\_ Accounting Contact: \_\_\_\_\_  
Campus Phone #: \_\_\_\_\_ Campus Phone #: \_\_\_\_\_  
Department Name: \_\_\_\_\_ Billing Address: \_\_\_\_\_

Chartfield to be charged:

BUS	ORG(5)	FUND(4)	ACTIVITY(5)	PROJECT(8)	ACCOUNT(5)	A/U(1)	YEAR(4)

## Title Of Account

(as appears in Box 8 of the Notice of Grant Award)

\_\_\_\_\_

## Funding Agency

\_\_\_\_\_

## Grant Number

(as appears in Box 4 of the Notice of Grant Award)

\_\_\_\_\_

Individuals authorized to submit orders for work are as follows:


As the Principal Investigator (P.I.) of the account listed above I authorize the Microarray Core Facility to charge the account for work performed on my laboratory's behalf during the dates indicated, not to exceed the dollar amount specified below. I understand that this account will be billed automatically and that I will receive a detailed statement of services for any month in which my account was charged.

Effective Dates: \_\_\_\_\_  
(MM/DD/YY)

Dollar Limit for Period: \$ \_\_\_\_\_

P.I. or Authorized Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_