

WORK AUTHORIZATION

Core Facility Administration/Billing Office
University of Utah Health Sciences Center

Return completed form to:

Sarah Jo Short

Address: 5C124 SOM Email: sshort@cores.utah.edu

Telephone Number: 581-2425 Fax Number: 585-6364

Please complete all three sections. All fields must be completed.

PLEASE ALLOW UP TO 48 HOURS FOR CHANGES TO TAKE EFFECT

Section One: Principal Investigator					
PI Name (print):					Campus Phone:
PI Email Address:					
Accounting Contact Information (Individual who should receive monthly statements) / Billing Address (For off campus accounts)					
Name:					
Campus Phone:					Room #:
Email Address:					Building #:
Department Name:					
Section Two: Account Information (**If this is for an off campus account please disregard this section**)					
BU	Org	Fund	Activity	Project	Account Code
Funding Agency:				Grant Number: This can be obtained at http://www.acs.utah.edu/afs/lookups	
Account Title:					
Start Date: (Beginning date charges can be applied to chartfield)		Dollar Limit for Period: \$		End Date: (Last day charges can be deducted from chartfield by your choice)	
Section Three: Authorized Individuals					
Name(s) (Authorized users who may charge account for services)					
Name		Email Address		Phone #	Bldg & Room #

By signing this form I understand I am authorizing HSC Core Research Facility to charge the above account for work performed on my department's behalf. I understand this account will be billed automatically and that I will receive monthly statements of services for any month in which my account was charged.

Principal Investigator Signature: _____ Date: _____