

WORK AUTHORIZATION FY2007

Microarray Core Facility
581-6346 (lab)
585-7192 (office)
3350 Huntsman Cancer Institute

Max Loveless, Billing Coordinator HCI 5130.4 E-mail: max.loveless@hci.utah.edu
Telephone Number: 587-3018 Fax Number: 581-7696

P.I. Name (Print): _____ 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 it appears in Box 8 of the Notice of Grant Award)

Funding Agency:

Grant Number:

(As it appears in Box 4 of the Notice of Grant Award)

Individuals authorized to submit orders for work are as follows (Please Print):

As the Principal Investigator (P.I.) of the account listed above I authorize the Core Facility to charge the account for work performed on my department'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: __/__/__ through __/__/__
(Must be completed)

Dollar Limit for Period: _____
(Must be completed)

P.I. or Authorized Signature: _____

Current Date: __/__/__