

MICROARRAY CORE FACILITY WORK AUTHORIZATION

Microarray Core Facility Director: Brian Dalley
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585-7192 (office)
Huntsman Cancer Institute Room 3363 (office)
Huntsman Cancer Institute Room 3350 (lab)
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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: _____