

UR Integrated Nanosystems Center User Facility
PI/Account Authorization Form

PI Name _____ Phone# _____
Last _____ First _____
Email Address _____
Department _____
Department PO Box _____
Phone Number where you can be contacted _____

Billing Authorization Information

Department Administrative Contact _____
UR email address Bills are to be sent to: _____

Account Numbers that can be utilized by Group during the Fiscal Year:

Account Number(s) _____ Exp Date: _____
Account Number(s) _____ Exp Date: _____
(Please denote if 100% to one account or percentage to be split between multiple accounts)

Alternate Account number if one of the accounts above is Frozen or Rejected (must be a 2, 3, 4 or 6) _____

Approval of Chair of the Department for the non-ledger 5 account number

Chair Signature _____

I agree to the terms and conditions shown below:

PI Name _____ PI Signature _____

Billings will be processed monthly for hourly uses of personnel, equipment and facilities. Billing will be based on either scheduled time or actual elapsed time (when available). Copies of monthly invoices will be sent to PI and Billing Contact. Invoiced amounts will automatically be charged against the account listed above at the end of each month. Rejected account numbers will result in access denial to all individuals within the PI's group.

URinc rates, policies and forms can be found on the URNano website:
<https://www.rochester.edu/urnano/>