

CBIS Cores Authorization Form

Today's Date: _____

Semester: _____

- Please return this form to Gilson Chagas - BT 2227 or chagag@rpi.edu -

**Authorized User Name & ID
(REQUIRED)**

Analytical
Biochemistry
 Bioimaging
(MRI)
 Bioresearch
 Cell &
Molecular
 Microscopy
 NMR
 Proteomics

User's Name _____ Fund: <input style="width: 50px;" type="text"/> Fund end date: <input style="width: 50px;" type="text"/>	RIN _____ Org: <input style="width: 50px;" type="text"/> Acct: 056	RCS ID _____ Prog: <input style="width: 50px;" type="text"/> Activ: 200604	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
User's Name _____ Fund: <input style="width: 50px;" type="text"/> Fund end date: <input style="width: 50px;" type="text"/>	RIN _____ Org: <input style="width: 50px;" type="text"/> Acct: 056	RCS ID _____ Prog: <input style="width: 50px;" type="text"/> Activ: 200604	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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** If the Fund expires or there are insufficient funds, CBIS Core charges will default to your department's E&G budget **

You will receive a monthly statement of charges

P.I. Name: _____ Signature: _____ Date: _____
 Financial Mgr. 1: _____ Signature: _____ Date: _____
 Financial Mgr. 2: _____ Signature: _____ Date: _____

** If your group has been published resulting from work in the Cores, please contact **Joel Morgan** (morgaj3@rpi.edu) with the publication details. **