



VP for Research & Creative
Activity- AIM Core Lab

BILLING AUTHORIZATION FORM

This form authorizes the AIM Core Lab to electronically bill the funding indicated below for equipment use charges incurred by your department. Billings will be charged monthly for the previous month's usage. A billing invoice and a copy of the SSI will be emailed to you for your review showing the charges that were billed.

PI GROUPS/DEPT. MEMBERS WILL NOT BE ALLOWED TO USE THE AIM CORE LAB EQUIPMENT/TOOLS UNLESS THEY KNOW THE 3 LETTER BILLING CODE PROVIDED BY THE PI ON THIS FORM. EACH PI MUST HAVE A SIGNED BILLING AUTHORIZATION FORM ON FILE BEFORE USING THE AIM CORE LAB! PLEASE COMPLETE A SEPARATE FORM FOR EACH PI FUNDING SOURCE . THE FORM MUST BE SIGNED BY SOMEONE WITH SIGNATURE AUTHORITY TO APPROVE DEPLETION OF FUNDS.

PI Name: _____

Department: _____

Campus Address: _____

Email: _____

Office Phone _____

Billing Contact Name: _____

Email: _____

Office Phone _____

Funding:				
Fund	Dept.	Program	Project	3 LETTER BILLING CODE
Project End Date: _____				
X				
Funding Authorized: Signatory must have the authority to approve depletion of funds.				Date: _____
Please Print Name: _____				

PI GROUP MEMBERS MUST PROVIDE THE 3 LETTER BILLING CODE TO INDICATE WHAT FUNDING WILL BE CHARGED FOR THE USE OF THE LAB EQUIPMENT