

Effective Date _____

Institute for Applied Life Sciences

Authorization for Recharges

According to our records the speed type that was provided has expired. An Authorization Form must be on file with IALS before the use of research equipment. Please complete this form and return it to:

Attn: Charlene Coleman
Institute for Applied Sciences
S309 Life Sciences Laboratories
577-4578

Name of Principal Investigator: _____

Department: _____

Core: _____

Please indicate the speed type, including the expiration date if applicable, that you would like charged for the use of IALS research equipment.

Speed Type: _____ **Expiration Date:** _____

Project Name (Should match FOM) _____

Total Project Expiration Date: _____

(If the current year expiration date will be extended for another year or more.)

Signature: _____

**Principal Investigator or
Individual with Spending Authority**

The Institute for Applied Life Sciences will send monthly invoices via email that will include all individuals and their usages of equipment. The invoice will include the total amount during that period to be charged to this speed type above. You will have 10 business days to respond if you prefer to use a different speed type for that month's billing, otherwise, this speed type will be automatically charged.