



# Electron Microprobe Laboratory

Earth & Environmental Sciences

Rensselaer Polytechnic Institute

Jonsson Rowland Science Center BC09

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## Academic User Authorization Form

User Name \_\_\_\_\_ email \_\_\_\_\_ Company \_\_\_\_\_

Project Title: \_\_\_\_\_

Enter proposed date(s)/time(s) of usage:

Date	Start/End Time

Date	Start/End Time

Date	Start/End Time

**Section A:** *RPI Internal Users* must have Principal Investigator or Advisor complete this section prior to use:

Enter Funding Source and percentage to bill each FOAPA.

Sponsor	Fund	Org	Account	Program	Activity	%
			033			
			033			
			033			

I, \_\_\_\_\_, authorize the direct billing of the laboratory fees associated with the usage of the Electron Microprobe Laboratory by the user for the date(s)/time(s) above. Fees not to exceed \$ \_\_\_\_\_.

\_\_\_\_\_  
PI/Advisor Signature

DATE \_\_\_\_\_

**Section B:** *External Users* complete this section.

Provide Accounts Payable Information

Attention: \_\_\_\_\_ Phone: \_\_\_\_\_ email: \_\_\_\_\_

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Billing method: Direct Bill \_\_\_\_\_ **OR** Purchase Order \_\_\_\_\_ (PO No. \_\_\_\_\_)

**Section B:** *RPI AMINISTRATIVE USE ONLY – to be completed by laboratory manager.*

INVOICING						
Date of Usage	Start Time	End Time	Billable Hours @ \$45/HR	24 hours (yes/no) billed @ \$540	Assisted Hours @ \$25/HR	Assisted By

Rates for FY2013)

Approved by \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_