Flow Cytometry Core Facility

Room 429 455 Main Street

Cambridge, Massachusetts 02142 Email: <u>autissie@wi.mit.edu</u>

> Phone: 617-324-3530 Fax: 617-258-6768



STEP 1

Complete all fields and obtain the appropriate signatures

STEP 2

Bring complete form to FACS Facility for approval and entry into WIBR billing system

ADDITIONAL BILLING INFO NEEDED FOR NON-WIBR INVESTIGATORS – FACS FACILITY

Rev 4.5.21

ADDITIONAL BILLING INFO NEEDED FOR NON-WIBR INVESTIGATORS	
USER CONTACT INFORMATION (PLEASE PRINT)	
User's Full Name:	
Email:	Check one: Academia Industry
Cell #:	Lab/Employer Name:
Work #:	
	RINCIPAL INVESTIGATOR SIGNS HERE TO ACCEPT CHARGES*
PRIMARY INVESTIGATOR *PR PI Name (print): PI Signature:	PINCIPAL INVESTIGATOR SIGNS HERE TO ACCEPT CHARGES* Date:
PI Name (print):	
PI Name (print):	Date:
PI Name (print): PI Signature:	Date:
PI Name (print): PI Signature: LAB ADMINISTRATOR CONTACT I	Date: NFORMATION
PI Name (print): PI Signature: LAB ADMINISTRATOR CONTACT I Lab Administrator Name (print):	Date: NFORMATION PO Number (non WIBR only):