



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 <i>(PLEASE PRINT)</i>	
User's Full Name:	
Email:	Check one: <input type="checkbox"/> Academia <input type="checkbox"/> Industry
Cell #:	Lab/Employer Name:
Work #:	
PRIMARY INVESTIGATOR <i>*PRINCIPAL INVESTIGATOR SIGNS HERE TO ACCEPT CHARGES*</i>	
PI Name (print):	
PI Signature:	Date:
LAB ADMINISTRATOR CONTACT INFORMATION	
Lab Administrator Name (print):	PO Number <i>(non WIBR only)</i> :
Lab Administrator Signature:	Date:
Email:	
Phone #	