



**BILLING AUTHORIZATION FORM**

This form authorizes the RCA Research Operations Service/Recharge Center to electronically bill the funding indicated below for tool use and other service/recharge center charges incurred by your department when the indicated billing code is used by your group members. Billings will be charged monthly for the previous month's usage. A billing statement and copies of log sheets will be emailed to you for your review showing the charges that were billed.

**GROUP MEMBERS WILL NOT BE ALLOWED TO USE SERVICE/RECHARGE CENTER TOOLS UNLESS THEY KNOW THE 3 LETTER BILLING CODE AS ENTERED ON THIS FORM. DEPARTMENTS MUST HAVE A SIGNED BILLING AUTHORIZATION FORM ON FILE IN ORDER TO USE THE SERVICE/RECHARGE CENTER. PLEASE COMPLETE A SEPARATE FORM FOR EACH FUNDING SOURCE YOUR GROUP MEMBERS WILL USE FOR TOOL/SERVICE CHARGES.**

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:				
<b>X</b> Funding Authorized: _____ Date: _____ <b>Signatory must have the authority to approve depletion of funds.</b>				
Please Print Name: _____				

**GROUP MEMBERS MUST ENTER THIS BILLING CODE ON LOG SHEETS TO INDICATE WHAT FUNDING WILL BE CHARGED FOR THE USE OF THE TOOL OR SERVICE**