

Project Description

Investigator Information

Investigator Name: _____ PI: _____
 Email Address: _____ PI Email: _____
 Lab Phone: _____ PI Phone: _____
 Home Phone: _____ Lab Address: _____
 Investigator PI
 Signature: _____ Signature: _____

Billing Information

PIs and other investigators acknowledge that the CCOM NMR Core Facility will bill your project based on usage at current published hourly rates. Usage includes time that is requested but unused unless canceled in a timely fashion - give 24 hours notice if possible. You further acknowledge that your project will be billed for any repairs caused by user negligence.

Provide one or more MFK numbers. If multiple MFKs are listed, charges will be split evenly unless otherwise noted.

Fund	Org	Dept	Sdept	Grant/Program	Inst Acct	Org Acct	Dept Acct	Fn	Cost Ctr	% Split

Project Description

Please provide a title, brief description, and experimental plan for your project

Project Title: _____

Description: _____

Experiments

Planned: _____

