

UWM-Small Businesses Collaboratory – OptiMiS Imaging Facility
Billing Authorization Form
Effective April 24, 2015

Please complete the information below prior to making a reservation to use the OptiMiS™ facility

Researcher authorized to work in the OptiMiS facility:

Name: _____ Phone: _____

Email: _____

Access requested from (date or semester) _____ to _____

Type of billing:

_____ UWM Internal Users-Direct Charge to: _____

Fund/Department/Prog/Project

_____ External users: Invoice will be sent to:

Name: _____

Company/Institution: _____

Department: _____

Address: _____

City: _____ State: _____ Zip: _____

Responsible Party:

Principal Investigator: _____

Phone: _____ Email: _____

I hereby acknowledge:

_____ I / my researcher(s) must complete training before being allowed to use the instruments.

_____ I am responsible for fees incurred in the OptiMiS™ facility at UWM for user training and facility reservations my authorized researchers or I made. Minimum fee = 1 hr (see Reservation, Use and Billing Policies for details).

_____ I will promptly approve all invoices or Internal Direct Charge forms and will verify timely payment. Payments are due in 30 days from date of invoice.

_____ I will be responsible for any damage resulting from misuse of the facility by me or my researcher(s).

_____ My researcher(s) will not bring, without prior written approval of UWM, any hazardous agents to the facility, as specifically stated in the attached Reservation, Use and Billing Policies.

_____ I and my researcher(s) have received, read, and signed the attached Reservation, Use and Billing Policies.

PI Name

Signature

Date