

CENTER FOR AGILE AND ADAPTIVE ADDITIVE MANUFACTURING
ACCOUNT INFORMATION FORM

Please fill out and return this form.

USER INFORMATION:

USER'S NAME: _____

USER'S EUID: _____ CATEGORY: _____

USER'S E-MAIL: _____ PHONE #: _____

USER'S DEPARTMENT: _____ OFFICE: _____

USER'S SIGNATURE: _____ TODAY'S DATE: _____

The user certifies that they are 18 years old or older and that all information is accurate.

SUPERVISOR INFORMATION:

SUPERVISOR'S NAME: _____

SUPERVISOR'S SIGNATURE: _____ DATE: _____

PROJECT ACCOUNT INFORMATION:

PROJECT ACCOUNT (GRANT, IDC, OR CHART STRING) #: _____

ORG DEPT	FUND CAT	FUND	FUNCTION	PC BUS UNIT	PROJ / GRANT	ACTIVITY	PROGRAM	PURPOSE	SITE

I authorize the Materials Research Facility to post the monthly usage charges to my project/chart string.
I will review the posted charges and initiate a cost transfer if appropriate.

PROJECT TOTAL EXPENSE LIMIT: _____ EXPIRATION DATE: _____

ACCOUNT AUTHORIZER'S NAME: _____

ACCOUNT AUTHORIZER'S SIGNATURE: _____ DATE: _____

COLLEGE RESEARCH OFFICER APPROVAL:

For GRANTS please complete the following

APPROVER'S NAME: _____

APPROVER'S SIGNATURE: _____ DATE: _____