

**AUTHORIZATION TO CHARGE A QUANTUM ACCOUNT FOR
COMPARATIVE MEDICINE SERVICES**

I authorize Comparative Medicine to charge the Quantum Financials Account listed below for the charges associated with the purchase and care of laboratory animals and requested technical services.

Principal Investigator: _____

Department: _____

Campus Mailing Address: _____

Phone: _____ **Email:** _____

Quantum Internal Account (SOAPF):

3925- _____ - _____ - _____ - _____ - 0 0 - 0 0 0 0 - 0 0 0
SOURCE ORGANIZATION ACTIVITY PURPOSE FUNCTION UNIT FUTURE FUND

OR

Sponsored Account:

_____³⁹²⁵_____
PROJECT NUMBER ORGANIZATION

Replaces Account (currently on file):

_____³⁹²⁵_____
DEPARTMENT PROJECT NUMBER or PURPOSE

Date to start billing new account: _____ **Date to stop billing account:** _____

Date to stop using old account: _____

Protocol(s) to associate account: _____

Investigators (other than PI) authorized to use account: _____

Please Indicate the contact person designated to receive this statement:

Name: _____

Department & Address: _____

Approved signatures authorizing account to be charged:

Administrator Phone Date

Account Owner Phone Date