



Envision Tomorrow

For information/questions contact the USIF STAFF:

(520) 621-5097

usif@email.arizona.edu

We must receive this completed form before work on your project can begin.

Client Name: _____
E-mail: _____ Phone: _____

EXTERNAL CLIENT INFORMATION

Company Name: _____ Purchase Order Number: _____
Billing Address: _____
City: _____ State: _____ Zip: _____
Accounting Contact: _____ Phone: _____
Email: _____ Fax: _____

WORK REQUEST DESCRIPTION: Provide a brief description of the samples you wish to have SEM/STEM/EDS/CL/PL/RAMAN, analysis performed on.

State the hazards associated with your samples:

Table with 4 columns: Services, Check, Initial, INVOICING. Rows include FESEM S-4800, VPSEM S-3400N, and various SEM services with associated rates and totals.

I/We the undersigned have read and understand the USIF policies and agree to abide by all regulations and procedures regarding use of the USIF. I/We also certify that funding is available for the above work, and that all information above is correct.

Client Signature

Date