

# DEPOSITION EQUIPMENT USER REQUEST FORM

## FEE SCHEDULE

\$50/run Internal to UF and State University System  
\$200/run External to UF and State University System

## SURCHARGE FOR DEPOSITION OF GOLD AND PLATINUM:

Au: \$50/ $\mu\text{m}$  above 500nm; Pt: \$50 up to 300nm

***FILL OUT THE INFORMATION REQUESTED &  
PROVIDE A VALID CHARTFIELD  
BEFORE ANY WORK WILL BEGIN***

### TO BE FILLED IN BY USER:

DATE: \_\_\_\_\_ CHARTFIELD #: \_\_\_\_\_

USER'S NAME/ADVISOR: \_\_\_\_\_

COMPANY/DEPARTMENT & ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE #: \_\_\_\_\_

FAX #: \_\_\_\_\_

INSTRUMENT USED: (Please check one)

E-BEAM EVAPORATOR  EDWARDS EVAPORATION SYSTEM  SPUTTER OXIDE SYSTEM

MATERIAL/THICKNESS: \_\_\_\_\_

USER SIGNATURE: \_\_\_\_\_

### OPERATOR USE ONLY:

OPERATOR \_\_\_\_\_ DATE RETURNED: \_\_\_\_\_

RUNS CHARGED: \_\_\_\_\_ SURCHARGE: Gold \_\_\_\_\_ Platinum \_\_\_\_\_

TOTAL AMOUNT CHARGED: \_\_\_\_\_

### ACCOUNTING USE ONLY:

Invoice #: \_\_\_\_\_ Amt Due: \_\_\_\_\_

Voucher #: \_\_\_\_\_ Date: \_\_\_\_\_