

OPTICAL BENCH USER REQUEST FORM

FEE SCHEDULE

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

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

***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 #: _____

MATERIAL: _____

USER SIGNATURE _____

OPERATOR USE ONLY:

OPERATOR _____

RUNS CHARGED: _____ DATE RETURNED: _____

ACCOUNTING USE ONLY:

Invoice #: _____ Amt Due: _____

Voucher #: _____ Date: _____