

SEM USER REQUEST FORM

FEE SCHEDULE

\$35/hour Internal to UF and State University System
\$200/hour 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 #: _____

MATERIAL: _____ # OF SPECIMENS: _____

SAMPLE PROCESSING HISTORY: _____

REASON FOR ANALYSIS: _____

SAMPLES AFTER ANALYSIS: RETURN DISCARD

USER SIGNATURE _____

OPERATOR USE ONLY:

DR. PUGA-LAMBERS DR. DAVIDSON _____

HOURS CHARGED: _____ DATE RETURNED: _____

ACCOUNTING USE ONLY:

Invoice #: _____ Amt Due: _____

Voucher #: _____ Date: _____