

# SIMS USER REQUEST FORM

## FEE SCHEDULE

\$75/hour Internal to UF and State University System  
\$250/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: \_\_\_\_\_

COMPOSITION (*list all elements, dopants, impurities & thickness of layers*): \_\_\_\_\_  
\_\_\_\_\_

SAMPLE PROCESSING HISTORY: \_\_\_\_\_

REASON FOR SIMS 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: \_\_\_\_\_