AUTHORIZATION TO CHARGE AN eUMB ACCOUNT FOR VETERINARY RESOURCES SERVICES

I authorize Veterinary Resources to charge the eUMB account number listed below for the charges associated with the purchase and care of laboratory animals and requested technical services.

***Principal Investigator*: _____**

***Department*: _____**

***Campus Mailing Address*: _____**

***Phone*: _____ *Fax*: _____**

***E-mail*: _____**

New eUMB Account:

_ _ _	_ _ _ _ _ _ _ _	_ _ _	**3926**	_ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _
FUND	*DEPARTMENT*	*PROGRAM*		*PCBU*	*PROJECT*	*ACTIVITY*

Replaces Account:

_ _ _	_ _ _ _ _ _ _ _	_ _ _	**3926**	_ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _
FUND	*DEPARTMENT*	*PROGRAM*		*PCBU*	*PROJECT*	*ACTIVITY*

***Begin* using this account on(date): _____**

***Expire* this account on (date): _____**

Only one copy of the project billing charges will be sent to the department. Please indicate the contact person designated to receive this statement:

***Name:* _____**

***Department & Address:* _____**

Approved signatures authorizing account to be charged:

_____	_____	_____
Administrator	***Phone***	***Date***
_____	_____	_____
Principal Investigator	***Phone***	***Date***

Please keep a copy and forward copy to:

Carol Ault
MSTF G-100
Phone: 6-5069
Fax: 6-8538

Rev. 12/07