SMIF Access Form

Shared Materials Instrumentation Facility
Duke University
Box 90271 * Durham, NC 27708-0271 * Fax: 919-660-5491

Please type or print clearly and return a signed copy to SMIF by fax or mail.

A. User Information

Name: _____ **Date:** _____
Department: _____ **Duke Unique ID#:** _____
Duke users only
University: _____
E-Mail: _____
Phone: _____

Place a check in the box below that describes your classification

☐ Undergraduate Student ☐ Graduate Student ☐ Post-Doc or Research Asst. ☐ Faculty or Staff ☐ Other

B. Department Business Manager (person to receive invoices)

Name: _____
E-Mail: _____ **Phone:** _____
Mailing Address: _____ **Fax:** _____
_____
_____

C. Fund Code or Contract for User Fee Billing

Fund Code (G/L Account)	Project Title	PI Name	Project Sponsor

D. Signatures

Faculty advisor or supervisor approval to charge against fund code listed above:

_____
Printed Name Signature Date

I have read the SMIF Lab Safety and Procedures Manual

_____
User Signature

Approved by: _____
Mark Walters, Director *Date*

Revision 3
M. Walters
5/09/05