DUKE UNIVERSITY
SMiF
Shared Materials Instrumentation Facility

Shared Materials Instrumentation Facility
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Durham, NC 27708-0271
Fax: (919) 660-5491

SMIF Access Form for Duke University Users

Please type or print clearly and return a signed copy to SMIF by fax or mail.
*****Please be sure to fill out this form in its entirety*****

A. User Information

Name: _____ **Date:** _____
Department: _____ **Duke Unique ID#:** _____
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. Faculty Advisor /Supervisor/ PI

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

D. Fund Code(s) or Contract for User Fee Billing

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

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

_____
Printed Name Signature Date

I have read the SMIF Lab Safety & Procedures Manual: User Signature***:*** _____

Approved by: _____ Date: _____

Revision 5
M. Walters
07/09/07