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#: ________________
University: ____________________________
E-Mail: ______________________________ Phone: ________________________

Place a check in the box below that describes your classification

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

Student  Student  Research Asst.  Staff

B. Department Business Manager (person to receive invoices)

Name: ______________________________ E-Mail: _______________________
E-Mail: ______________________________ Phone: _______________________
Mailing Address: ______________________ Fax: _________________________

C. Fund Code or Contract for User Fee Billing

<table>
<thead>
<tr>
<th>Fund Code (G/L Account)</th>
<th>Project Title</th>
<th>PI Name</th>
<th>Project Sponsor</th>
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D. Signatures

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

__________________________________________ Signature ________________ Date __________________

I have read the SMIF Lab Safety and Procedures Manual

__________________________________________

User Signature

Approved by: ____________________________ Date __________________

Mark Walters, Director