



CORES Facility Name:

Principal Investigator (PI):

Name:	
Institution/Organization:	
E-mail address:	
Billing Address:	

Account Controller (optional):

An individual delegated by the PI to review and verify facility charges

Name:	
Institution/Organization:	
E-mail address:	

Authorized Personnel (optional):

Individual(s) authorized by the PI to incur facility charges on behalf of the PI identified above

Name:	E-mail address:	Role: