



CORES Facility Name:

Principal Investigator (PI):

Name:	
Department:	
E-mail address:	

Dalhousie Funding Account Information:

Account (Fund/Org) #	
Account Name (optional):	

Account Controller (optional):

An individual delegated by the PI to review and verify facility charges to the Dalhousie Funding Account identified above

Name:	
E-mail address:	

Authorized Personnel (optional):

Individual(s) authorized by the PI to incur facility charges to be billed to the Dalhousie Funding Account identified above

Name:	NetID (and e-mail, if different from NetID):	Role:

PI Authorization:

I authorize the Medical Research Development Office to debit the Dalhousie Funding Account identified above for facility charges incurred by myself and/or my authorized personnel.

PI Signature: _____

Date: _____