## Shared Equipment Authority Facility

## Rice University Shared Equipment Authority External Instrument User Application

University of Houston Department of xxxxxxxx

SAMPLE

James McNew SEA Chair

Company Name:

Billing Address: Department Mailing Address Phone #: Dept Phone Number PO #: PI name: First and Last name of PI PI department: Department of PI Billing contact name: Name of Dept. Business Office Contact or PI Billing contact email: Email of Dept. Business Office Contact or PI If instrument is to be operated by a Rice trained user or technician, please complete the below statement. Rice University SEA Research Technician or other qualified SEA user will be operating the following instruments: FEI Tecnai F20 Transmission Electron Microscope with Cryo on behalf of University of Houston Dept of xx(Company name).(I understand that if a SEA technician operates the instrument, there will be an additional fee of \$110.00/hr for the technician's time plus the external instrumentation fee that is associated with running the equipment.) Above Company Representative Signature: Signature of Pl Title: Title of PI Date: Date of PI signature Person(s) who will be on Rice campus using SEA equipment if instrument is to be operated by non-Rice Users or technicians, please fill out this portion (Use back of page if necessary) (1)User's Name: First and Last name of First User E-mail: User email must be "uh.edu" Instrument to be Used: Name of Instrument

Are you a trained user already? Yes or No User's Signature (Required): Signature of First User listed under #1 (2)User's Name: First and Last name of Second User E-mail: User email must be "uh.edu" Instrument to be Used: Name of Instrument

Are you a trained user already? Yes or No User's Signature (Required): Signature of First User listed under #2 User's Employer Representative Signature: Signature of Cristina D. Milligan Print Name: Cristina D. Milligan Title: AVP for Research Admin. Date: Signature of Representative of Rice SEA: \_\_\_\_\_\_ Date: \_\_\_\_\_



By signing this form, User and User's Employer acknowledge that you have received a copy of our billing rates and understand that payment is due upon demand as set forth in the Equipment Use Agreement. Any billing questions may be directed to Meri Dix, Rice University -SEA, MS-100, 6100 Main Street, Houston TX 77005, 713-348-8233

Equipment

## Rice University Shared Equipment Authority Fee For Service Application



James McNew SEA Chair

Entity Name:Billing Address:	University of Houston Department of xxxxxxxx			
	Department Mail	ing Address		Department Phone Department Fax #
Billing contact n Billing contact e PO #:	ame: <u>Name of De</u> mail: <u>Email of De</u>	pt Business Of pt Business Of	ffice Conta	act or PI ct or PI
	to be operated by a later trained user, plea	-	-	ority Research Scientist
•	SEA Research Scient owing instrument(s):	tist or Technician	or other qu	alified SEA user will be
FFI Tecnai F	- - - - - - - - - - - - - - - - - - -	Flectron Micro	scone wit	h Cryo
			•	f Houston (Entity name).
additional fee for operating the equ based upon an est	the technician's time pripment. (The amount v	olus the external inswill be determined rep and time spent	strumentation by Technicia on the work	instrument, there will be are fee that is associated with an operating the instrument and will be communicated targed.)
payment is due u	orm, User and User's I upon demand. Any bi ed Equipment Authori	lling questions ma	y be directed	d to Meri Dix, Rice
Signature: Signature		Tide, N/D6 D		antina Dada.
Print Name: Cristing	ia D. Iviilligan	Title: AVP for Re	ssearch Administi	auonDate.