

Rice University
Shared Equipment Authority
Fee For Service Application

SAMPLE

Shared Equipment Authority Facility

Entity Name: University of Houston Department of xxxxxxxx
Billing Address: Department Mailing Address Phone #: Department Phone #
Fax #: Department Fax #

Billing contact name: Name of Dept Business Office Contact or PI
Billing contact email: Email of Dept Business Office contact or PI
PO #: _____

If instrument is to be operated by a Rice Shared Equipment Authority Research Scientist, technician or other trained user, please complete the below statement.

Rice University SEA Research Scientist or Technician or other qualified SEA user will be operating the following instrument(s):

FEI Tecnai F20 Transmission Electron Microscope with Cryo
on behalf of First Name Last Name who is employed by University of Houston (Entity name).

I understand that if a SEA Research Scientist or technician operates the instrument, there will be an additional fee for the technician's time plus the external instrumentation fee that is associated with operating the equipment. (The amount will be determined by Technician operating the instrument based upon an estimate of the sample prep and time spent on the work and will be communicated prior to work being done. In the absence of an estimate, \$110/hr will be charged.)

By signing this form, User and User's Employer acknowledge that you understand that payment is due upon demand. Any billing questions may be directed to Meri Dix, Rice University, Shared Equipment Authority, 6100 Main Street- MS100, Houston TX 77005, 713-348-8233.

Signature: Signature of Cristina D. Milligan

Print Name: Cristina D. Milligan Title: AVP for Research Administration Date: _____

