

**AUTHORIZATION FOR LIFE SCIENCES CORE FEE  
UNIVERSITY AT ALBANY**

I, \_\_\_\_\_ Principal Investigator, used \_\_\_\_\_ hours of the Life Sciences facilities during the \_\_\_\_\_ quarter (reference below) and therefore authorize CAS Technical Services to charge the RF or State account(s) listed below.

Please check the quarter which applies and fill in the date below.

Q1:  January 1, \_\_\_\_\_ - March 31, \_\_\_\_\_

Q2:  April 1, \_\_\_\_\_ - June 30, \_\_\_\_\_

Q3:  July 1, \_\_\_\_\_ - September 30, \_\_\_\_\_

Q4:  October 1, \_\_\_\_\_ - December 31, \_\_\_\_\_

Please list the accounts and distribute the costs appropriately below.

RF Account: \_\_\_\_\_ %

RF Account: \_\_\_\_\_ %

RF Account: \_\_\_\_\_ %

State Account: \_\_\_\_\_ %

State Account: \_\_\_\_\_ %

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return form to Jessica Moran at [jemoran@albany.edu](mailto:jemoran@albany.edu), LS 1065 office, or 591-8884 fax