

## Biological Imaging Facility Account Application

NOTE: Customer accounts can be established under a Faculty name (charges against faculty grant funds), or a Department name (for charges against department funds).

Principle Investigator:..... Lab Phone: ..... PI Phone:.....

Lab Manager:..... email: .....

Department Name:.....

Lab address:..... Mail Code:.....

Start Date (for purchases to be authorized against this account):.....

Name of grant to be recharged:.....

BFS Chart String	56640					
	BU	FUND	ORG	PROG	PROJ	FLEX

Speed type:.....

**Important** (check one):

- Purchases may be charged to this account until further notice.
- Purchases may be charged to this account during these dates only:  
 Start date:..... End date:.....

**Important** (check one):

- This is a Federal Fund.
- This is not a Federal Fund.

Departmental Accounting Approval

Name (please print) ).....

(Signature).....Date:.....

email:.....Phone:.....

Title:..... Fax:.....

Address:.....

Mail Code:.....

Return to:

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