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Billing Authorization Form for On-Campus Users (for users not funded by COBRE)

All requested information is required. Incomplete forms will be returned to the PI.

Authorized Individual

The following individual is authorized to use the equipment in the Clemson Light Imaging Facility on my behalf:

Name _____ Email _____

Account Details

Account Number (**Full Account Number is required**) _____

End Date for Authorization: the last day of _____ (month) _____ (year)

Accounts Payable Contact Name _____ Email _____

Conditions of Use

1. All registered users of the Clemson Light Imaging Facility will follow the rules and regulations outlined by the Management, and will submit a signature page agreeing to these conditions. A copy of these rules is available on our website.
2. Users will be granted access to equipment only after attending an advanced training session.
3. Users must have updated account information on file at all times. Facility access will be granted on a monthly basis.
4. **All users must pay for beam time.** These fees are necessary to pay for service contracts on the equipment. No exceptions.
5. The Clemson Light Imaging Facility must be acknowledged on all professional communication resulting from its use, including, but not limited to, publications, oral and poster presentations, and grant applications. Users who require extensive assistance will be required to sign a copy of our acknowledgements and authorship policy. *The complete policy and sample acknowledgement statements are available on our website.*

Agreement

I agree to the above terms and conditions.

PI Name _____ Department _____ Email _____

Signature of PI _____ or CU ID #** _____ Date _____

****In lieu of an ink or digital signature, Clemson University users may type the number on the front of his or her Tiger One card. Typing this number is considered a signature equivalent.**