Clemson Light Imaging Facility
Clemson University
Department of Biological Sciences
Life Sciences Facility, Room G024/G030
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considered a signature equivalent.



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## **Billing Authorization Form for On-Campus Users**

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

Authorized Individuals			
The following individuals are authorized to use the equipme (If you require additional space, please submit another form		son Light Imaging Facility on my beha	If:
Name	Email Addre	SS	
			_
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			_
Account Details			
Account Number (Full 23 digit Account Number is required	)		Dept
Accounts Payable Contact Name		Email	
End Date for Account Authorization: Month	_ Day	Year	
Conditions of Use			
1. All registered users of the Clemson Light Imaging Facility page agreeing to these conditions. A copy of these rules is 2. Users will be granted access to equipment only after atterance 3. Users must have updated account information on file a suspension from use of the facility.  4. All users must pay for beam time. These fees are necess 5. The Clemson Light Imaging Facility must be acknowled publications, oral and poster presentations, and grant a acknowledgements and authorship policy. The complete policy.	available on ounding an advanged all times. Factorial times are to pay for edged on all pupplications.	or website.  Inced training session.  Inced training session the equipment. Incedes the session of the equipment. Incedes the session of the equipment. Incedes the session of t	changes in Account information will result in No exceptions. If from its use, including, but not limited to ince will be required to sign a copy of our
Agreement			
I agree to the above terms and conditions.			
PI Name	Do	epartment	
Email	Pł	one Number	
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