

Client Account Form

RCNR Client Account Form
Biological Imaging Facility
381 Koshland Hall

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

Principal Investigator _____

Email: _____

Secondary Email (A second email you would like to have invoices sent, *eg.* your lab manager or accountant): _____

Please fill out your Chartstring and/or Speedtype below:

BFS Chartstring:

BU	Fund	Dept/Org	FXN Code/Prog	CF1/Proj	CF2/Flex
56640					

Speed type _____

Important (circle one):

Purchases may be charged to this account until further notice: **YES / NO**

Purchases may be charged to this account during these dates only: **YES / NO**

Start date: _____

End date: _____

Important (circle one):

This is a Federal Fund: **YES / NO**

This is not a Federal Fund: **YES / NO**

Please return to:

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Jules Cho, PhD. Biological Imaging Facility Staff Scientist [julescho@berkeley.edu]
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