



Nanotech West Laboratory

NTW Account Number		Open Date	
Estimated Project Close		Closed Date	Office use only

Project Contact Information

PI/Advisor Name			Email Address
Address			Phone Number
City	State	Zip	

Billing Information

WorkDay information:

Company: Ohio State University	Cost Center: CC	Additional Worktags
OSU Health System	Balancing Unit BL	
	Fund: FD	
	Grant: if applicable GR	

Financial Administrator	Email Address
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Additional emails for billing communications

As a Principle Investigator of a project under which a researcher will be using Nanotech West Laboratory, I agree to:

- Supply Nanotech West with worktag information (cost center, balancing unit, fund numbers, etc.) for the project and I agree to accept any lab charges incurred by this user. (View User Fees at nanotech@osu.edu - all fees subject to change)
- Be responsible for establishing and monitoring an acceptable amount of lab time for each user.
- Provide an estimated close date for the project and notify Nanotech West when a user is no longer allowed to use my project number for his/her lab use. I understand that the project will be charged \$10.00 for each user's access fob and that the fob must be returned at the end of the user's time at NTW.

I have reviewed the user fees on Nanotech's website (www.nanotech.osu.edu) and agree to accept the fees as stated. _____ Please Initial

PI/Advisor Signature

Project Users	Users E-mail
_____	_____
_____	_____
_____	_____

Please provide a description of your project and a list of probable equipment use so we can determine what access the users will need.