

Department of Biomedical Sciences, OVC - Cost Recovery Authorization Form

Semester: _____, Contact: A. Mackay, ext. 52649/58261

Faculty: _____

Email: _____

Phone: _____

Department: _____

Billing GL Coding (26 digits) --- or Grant Name for Faculty in Biomedical Sciences _____

FUND	UNIT	GRANT	PROJECT	OBJECT

Medallion/wastes and sharps	\$25/run
Authorized Students/staff	
Cost	

Milli Q	\$1.50/L (RO \$0.6/L)
Authorized Students/staff	
Cost	

Reliance 4000	\$40/run
Authorized Students/Staff	
Cost	

Steris SV-120	\$12/run
Authorized Students/Staff	
Cost	

Faculty signature _____

(Beginning of Semester)

(End of Semester)