

Department of Biomedical Sciences, OVC - Cost Recovery Authorization Form
 Semester: _____, Contact: M. Antenos, ext. 58260

Faculty: _____

Email: _____

Department: _____ **Phone/Ext** _____

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

FUND	UNIT	GRANT	PROJECT	OBJECT

Accuri C6	\$20/30 min
Authorized Students/staff	
Cost	

Biorad qPCR (RHBL)	\$10/run
Authorized Students/staff	
Cost	

Confocal	\$20/hr
Authorized Students/Staff	
Cost	

Gel Doc (RHBL)	\$5/run
Authorized Students/Staff	
Cost	

Nikon E600	\$20/hr
Authorized Students/Staff	
Cost	

Microscope	\$20/hr
Authorized Students/Staff	
Cost	

Faculty signature _____

(Beginning of Semester)

(End of Semester)

Department of Biomedical Sciences, OVC - Cost Recovery Authorization Form
Semester: _____, Contact: M. Antenos, ext. 58260

Faculty: _____

Email: _____

Department: _____ **Phone/Ext** _____

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

FUND	UNIT	GRANT	PROJECT	OBJECT

Seahorse	TBD
Authorized Students/staff	
Cost	

Biorad qPCR (AVP)	\$10/run
Authorized Students/staff	
Cost	

Microscope	\$20/hr
Authorized Students/Staff	
Cost	

Gel Doc (AVP)	\$5/run
Authorized Students/Staff	
Cost	

Faculty signature _____

(Beginning of Semester)

(End of Semester)