

**Department of Biomedical Sciences, OVC - Cost Recovery Authorization Form
First Floor Shared Equipment**

Semester: _____

Contact: Yu Gu, ext. 54974

Faculty: _____

Email: _____

Department: _____ Phone/Ext _____

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

FUND	UNIT	GRANT	PROJECT	OBJECT

Aqua Solutions Water	\$1.50/L
Authorized Students/staff	
Cost	

Fluostar Plate Reader	\$20/30 mins
Authorized Students/Staff	
Cost	

ViiA 7 RT PCR	\$10/plate
Authorized Students/Staff	
Cost	

Synergy, HT Plate Reader	\$5/plate or \$20/30 mins
Authorized Students/Staff	
Cost	

BD Accuri C6	To be discussed with Dr. Martino
Authorized Students/Staff	
Cost	

Chemi Gel Doc	\$5/use
Authorized Students/Staff	
Cost	

Faculty Authorization Signature

(Beginning Semester)

(End of Semester)