

PREAUTHORIZATION FOR PAYMENT (INTERNAL)

Instrument: JEM-2100 TEM

Account Name (optional):

Account Owner Name:

Allocation(s):

Indicate below the maximum amounts to be allocated towards use of the instrument. (Please use a separate preauthorization form for each account.)

Charge A	ccount No.:
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Amount Allocated (\$ US):

Period:

Indicate below the date interval for instrument use preauthorized through the above allocation. (Leave blank if there are no interval restrictions.)

Begin Date: _____

End Date: _____

Users:

Indicate below the names of users preauthorized to charge instrument expenses to this account:

User Name:	
1	
2	
3	
4	

 $\hfill\square$ No restrictions on users associated with this account.

Signature of Owner:

Date:

Notes:

Client: This form provides preauthorization for payment of charges generated by use of the instrument. Please return the completed form to Vanessa Kee prior to scheduling instrument time. A duplicate with accompanying journal voucher(s) will be submitted to the Business Office after work is performed. Client will receive duplicate(s) of submitted journal voucher(s).

Business Office: Total debit amounts on accompanying journal voucher(s) during the specified period shall not exceed the amounts shown in the above allocations.

Policies: Rates for use of this instrument are available online: <u>Rates</u>. Student support in sample preparation or data acquisition must be recognized in publications and presentations through either formal acknowledgement or co-authorship, as appropriate for the level of effort provided.

Preauthorization ID (to be provided by Vanessa Kee):



For inquiries, please contact Vanessa Kee **Email:** Vanessa.Kee@sdsmt.edu **Tel:** (605) 394-1911 **Office:** EP 235A