



Nanoscience and Nanoengineering PhD Program
South Dakota School of Mines and Technology
501 E. Saint Joseph St.,
Rapid City, SD 57701 U.S.A.

PREAUTHORIZATION FOR PAYMENT (EXTERNAL)

Instrument: JEM-2100 TEM Account Name (optional): _____

Account Owner Name: _____

Billing Information:

Indicate below the maximum charges approved towards use of the instrument and billing address:

Amount Allocated: _____

Billing Address: _____

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) _____

No restrictions on users associated with this account.

Signature of Owner: _____ Date: _____

Notes:

Client: This form provides pre-authorization for payment of charges generated by use of the instrument. Please return the completed form to Dr. Ahrenkiel prior to scheduling instrument time. A duplicate will be submitted to the Business Office after work is performed for billing purposes.

Business Office: Total billed amounts to this account during the specified period shall not exceed the amount shown in the above allocation.

Rates for use of this instrument are available online: http://ahrenkiel.sdsmt.edu/JEM2100_TEM/rates. Commercial rates will apply for external use unless government funding is indicated at the time of use. For inquires, please contact Dr. Ahrenkiel..

Preauthorization ID (to be provided by Dr. Ahrenkiel): _____

