



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 (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 Account No.:	Amount Allocated:
_____	_____

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) _____

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 Dr. Ahrenkiel 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.

Rates for use of this instrument are available online: http://ahrenkiel.sdsmt.edu/JEM2100_TEM/rates.

For inquires, please contact Dr. Ahrenkiel..

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

