

WORK AUTHORIZATION FORM
Cores Administration
University of Utah

Return completed form to:
Fax: (801) 585-6364 Campus Address: 5C124 SOM
Telephone: (801) 581-2425

Please complete all three sections. ALL FIELDS MUST BE COMPLETED.

PLEASE ALLOW UP TO 48 HOURS FOR CHANGES TO TAKE EFFECT

Section One: Principal Investigator					
PI Name (print):					Campus Phone:
PI UID:				PI Email:	
PI Primary Department					
PI Division or Program					
Accounting Contact Information (Individual who should receive monthly statements) / Billing Address (For off campus accounts)					
Name:					
Campus Phone:				Room #:	
Email Address:				Building #:	
Department Name:					
Section Two: Account Information					
BU	Org	Fund	Activity	Project	Account Code
Funding Agency:				Grant Number: This can be obtained at http://www.acs.utah.edu/afs/lookups	
Account Title:					
Start Date: <small>(Beginning date charges can be applied to chartfield)</small>		Dollar Limit for Period: \$		End Date: <small>(Last day charges can be deducted from chartfield by your choice)</small>	
Section Three: Authorized Individuals					
Name(s) (Authorized users who may charge this account for services – ALL INFORMATION REQUIRED)					
Name	Email Address		UID	Phone #	Bldg & Room #

By signing this form I understand I am authorizing HSC Cores Administration to charge the above account for work performed on behalf of my department. I understand this account will be billed automatically and that I will receive monthly statements for services for any month in which my account was charged.

Principal Investigator Signature: _____ Date: _____