

Send this form to Alecia Jameson, acj0037@auburn.edu, office phone: 844-6149

## REQUEST FOR A UVIS DIRECT CHARGE ACCOUNT

FACULTY/PRINCIPAL INVESTIGATOR NAME: \_\_\_\_\_ BANNER ID: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PHONE # \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ DEPT. PHONE # \_\_\_\_\_

MAIL INVOICE TO: \_\_\_\_\_ ATTN: \_\_\_\_\_

THIS PROJECT IS: ( ) RESEARCH ( ) TEACHING ( ) RESIDENT MASTER'S RESEARCH PROJECT

### **RESEARCH:**

PROVIDE THE NAME OF THE RESEARCH PROJECT: \_\_\_\_\_

PROVIDE THE FOP FUNDING THE PROJECT: \_\_\_\_\_

PROVIDE THE EXPIRATION DATE FOR THE PROJECT: \_\_\_\_\_

PROVIDE THE IACUC NUMBER FOR THIS PROJECT: \_\_\_\_\_

### **TEACHING:**

PROVIDE THE NAME OF THE TEACHING LAB: \_\_\_\_\_

PROVIDE THE COURSE NUMBER: \_\_\_\_\_

PROVIDE THE FOP FUNDING THIS TEACHING: \_\_\_\_\_

PROVIDE THE DATES FOR THIS COURSE: START: \_\_\_\_\_ END: \_\_\_\_\_

### **TEACHING HERDS:**

PROVIDE THE HERD SECTION (i.e. EQUINE, BEEF, DAIRY) \_\_\_\_\_

PROVIDE THE HERD DESCRIPTORS:

HERD NAME: \_\_\_\_\_ HERD NUMBER: \_\_\_\_\_

PROVIDE THE NAME OF THE FACULTY/STAFF RESPONSIBLE FOR THIS HERD:

FACULTY: \_\_\_\_\_ TECHNICIAN: \_\_\_\_\_

**BY MY SIGNATURE BELOW, I AUTHORIZE THE DEPARTMENT OF CLINICAL SCIENCES TO COLLECT PERTINENT CHARGES FROM THE ABOVE NAMED FOP FOR SERVICES RENDERED AND/OR MATERIALS PROVIDED BY THE SAME.**

\_\_\_\_\_  
AUTHORIZED DEPARTMENT AGENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ACCOUNTING USE ONLY

ACCOUNT APPROVED DATE: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_