Recharge Authorization Form

Please note: This form must be completed before using the EAL.

Principal Investigator's Information:

Name: ____________________________
Phone: ____________________________
Email: ____________________________

I authorize the following individual to use the EAL with the checked instruments. Please check:

- [ ] IC
- [ ] ICP-MS
- [ ] Microwave
- [ ] TOC Analyzer
- [ ] ICP-OES
- [ ] Water Isotope Analyzer
- [ ] Lachat
- [ ] GFAA
- [ ] GC-MS
- [ ] ESC 4010 Element Analyzer

User Information:

Name: ____________________________
Phone: ____________________________
Email: ____________________________

Status:  
- [ ] Faculty  
- [ ] Staff  
- [ ] Undergraduate Student  
- [ ] Graduate Student  
- [ ] Post-Doc  
- [ ] Visitor

Account Information:

Name of Account: ____________________________
Dept: ____________________________
Account #: ____________________________
Cost Center #: ____________________________
Fund #: ____________________________
Sub Code: ____________________________
Project Code: ____________________________
Source Code: ____________________________

Billing Period:

The account listed above may be billed within the following timeframe (Maximum for 6 months):

From: ____________________________ To: ____________________________
Month Year Month Year

Authorization for EAL to Recharge Account Noted Above

Approval Signature: ____________________________ Date: ____________________________

Please return the completed form to: Liying Zhao, Director Environmental Analytical Lab
Sierra Nevada Research Institute
(209) 233-1728
Email: lzhao4@ucmerced.edu