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Non-University Service Request Form

Name of person requesting service: _____

Email address: _____ Phone: _____

Company Name: _____

Billing Address: _____

PO #: _____

Services Requested: (List all specifications and/or drawings. Attach separate sheet if necessary.)

Rates as of July 1, 2006

Microfab Lab

Lab Entry	\$67.50/hour
Mask Making Charge	\$52.50/layer
Technical Support	\$67.50/hour

Surface Analysis & nano Imaging Lab

Basic Lab Entry	\$22.50/hour
XPS Equipment Use	\$67.50/hour
Technical Support	\$82.50/hour

Other Fees

Consumables, Precious Metals & Gases	Billed as used
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I understand use of the lab will be billed per calendar month. Rates are subject to change and increased rates should be assumed in new proposal budgets.

Certifying Official of the non-University entity:

Name

Date

To be completed by nanofab staff member:

Staff Name: _____

Microfab

Begin Date: _____ End Date: _____

Surface Lab

Total Lab Time: _____

Affiliated Lab _____

Total Tech Time: _____