

Core Services

Approval and Invoice Form

Scripps Florida

130 Scripps Way
Jupiter, FL
33458

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Core:

Lab Approval:

Instructions: Please complete the Lab Approval portion of this form and have it signed by an authorized Researcher / User of the account number provided. This form authorizes the Core to charge the account for services rendered. Please bring this form with your samples to the Core.

PI Name:

PI E-mail:

 @scripps.edu

Researcher/User Name:

Researcher/User E-mail:

 @scripps.edu

Lab Location:

Account Number:

Description of requested service:

Approximate Cost: \$ _____ (Can be provided by Core)

The Core Service will be provided with the understanding that the cost will be covered by the requesting PI / Researcher / User. By signing this form, the Principal Investigator (PI) agrees to the transfer of the final cost from the account provided above to the appropriate Core account.

Authorized User Signature:

Date:

Core Invoice:

Date Completed:

Final Cost: \$

Core Signature:

Comments:

Please bring this form with your samples to the Core.