

# MATERIALS SCIENCE CENTER BILLING INFORMATION FORM

**ALL FIELDS BELOW ARE REQUIRED.**

- NAME OF FACULTY OR PI: \_\_\_\_\_
- FACULTY'S HOME DEPARTMENT: \_\_\_\_\_
- \*FUND/PROJECT NUMBER (EXAMPLE: 144-PT63)  
• \_\_\_\_\_
- DATES (**LIST START DATE AND END DATE – example 7/1/08-6/30/09**)  
TO USE ABOVE FUND/ACCOUNT: (NOTE: end date may be changed and/or  
extended in the future by the PI e-mailing Diana Rhoads at  
rhoads@engr.wisc.edu)  
\_\_\_\_\_
- UDDS CODE (EXAMPLE: A-13-9987)  
\_\_\_\_\_
- LIST OF USERS AUTHORIZED TO USE THIS ACCOUNT: (NOTE: list may  
be updated only by PI e-mailing Diana Rhoads at [rhoads@engr.wisc.edu](mailto:rhoads@engr.wisc.edu))  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*One form for each fund/project # charged please.**

PI SIGNATURE & DATE: \_\_\_\_\_

SUBMIT COMPLETED FORM TO:

DIANA RHOADS, 1509 UNIV. AVE. RM. 264, FAX: 608/262-8353