

Contact and Billing Information Form

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Submitter Contact Information

Submitted by:	Date:	
Email:	Phone:	
Address:	Department:	
Primary Investigator Form must have authorized signature.		
Investigator name:	Signature:	
Email:	Phone:	

Purchasing Information

If Purchasing from Off-Campus P.O. Number:				
If Purchasing on US	F Campus (Use Chart-Field strings from	m FAST)		
OperUnit:	FundCode:	Project:		
DeptID:	Product:	Initiative:		

Publications

For larger studies or projects that involve innovative experimental design, co-authorship is requested. Studies which do not require co-authorship should have the following acknowledgement: "This work has been supported in part by the Chemical Purification Analysis and Screening Core Facility (CPAS) - Department of Chemistry - University of South Florida."

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