

# High Density Electronics Center

## USER INFORMATION SHEET

To properly bill for use of the Fabrication Lab, the information requested below is required. By providing this information you are authorizing this student to charge the research grant/account you specify. Periodically an invoice will be provided to the principal investigator and an internal invoice will be processed on the BASIS system. For external clients, an invoice will be processed and mailed to the address provided. Lab rates for HiDEC laboratory facilities are given in the table below. Note hourly charges are billed on a quarter hour basis.

**Table 1: HiDEC Facility Rate Fee (Rates shown are for fiscal year 2018 and are subject to change)**

Activity	Description	User Categories	
		Center Sponsored Users /(Academic Users)	Service Center Users
Laboratory Rates	Base Rate	\$60/hour/ (\$72/hour) <sup>1</sup>	\$90
Staff support <sup>2</sup>	Fabrication, design, Training <sup>3</sup>	Staff salary	Staff salary + F&A rate <sup>3</sup>
Misc. charges	Supplies	At Cost	Cost + F&A rate

<sup>1</sup> Non-Centered users will be charged an additional 20%

<sup>2</sup> Staff support charges are in addition to lab charges calculated on an hourly rate that includes both salary and fringe.

<sup>3</sup> For all training, lab charges are billed for only one user. This applies when staff or certified student trains another.

### Student Information:

Last Name: \_\_\_\_\_

Office Location: \_\_\_\_\_

First Name: \_\_\_\_\_

Office phone: \_\_\_\_\_

Degree/Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

Department: \_\_\_\_\_

Webpage: \_\_\_\_\_

### Principal Investigator Information:

Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_

First Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Department: \_\_\_\_\_

Project Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cost Center#: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

\_\_\_\_\_  
Principal Investigator (Signature)

\_\_\_\_\_  
Date