



**STEP 1**

Complete all fields and obtain the appropriate signatures

**STEP 2**

Bring complete form to FACS Facility for approval and entry into WIBR billing system

**ADDITIONAL BILLING INFO NEEDED FOR NON-WIBR INVESTIGATORS – FACS FACILITY**

Rev 4.5.21

**ADDITIONAL BILLING INFO NEEDED FOR NON-WIBR INVESTIGATORS**

**USER CONTACT INFORMATION** *(PLEASE PRINT)*

User's Full Name:

Email:  Check one:  Academia  Industry

Cell #:  Lab/Employer Name:

Work #:

**PRIMARY INVESTIGATOR** *\*PRINCIPAL INVESTIGATOR SIGNS HERE TO ACCEPT CHARGES\**

PI Name (print):

PI Signature:  Date:

**LAB ADMINISTRATOR CONTACT INFORMATION**

Lab Administrator Name (print):  PO Number (*non WIBR only*):

Lab Administrator Signature:  Date:

Email:

Phone #: