Invoice Number_____
Billing Office Use Only

Protein and Nucleic Acid Shared Facility – Service Request Form

(DNA Sequencing Service)

Request Date: _____ Run Date: _____

Name of Principal Investigator: _____

Bill to: _____ - 660100 - _____ - _____ - _____

Cost Center - Natural Account - Fund - Project/Award Number - Activity Code

Or

Purchase Order # _____ Billing Name _____

Address _____

_____

Signature Authorizing Payment (required) _____

Name of person requesting service: _____

Phone number you can be reached at: _____

E-mail address: _____

CREDIT ACCOUNT 12007-470300-101-030

Charges

Service	Qty	@	Fee	=	Total	Run Number (s)

DNA Sequencing:

Vector used (plasmid samples)_____

Primer Tm_____

GC content_____

Do you want template/primer back _____yes _____ no

Total number of reactions_____

Annealing temperature if other than 50° C _____

Comments: