



Harvard Cryo-EM Center for Structural Biology Billing Form

REASON FOR USE OF CRYO-EM CENTER

Talos Arctica: _____ **Titan Krios:** _____ **Other Use:** _____

Project ID(s): _____

***USER:** _____

***EMAIL ADDRESS:** _____

***LAB NAME:** _____

***LAB AFFILIATION:** _____

HARVARD MEDICAL SCHOOL INVESTIGATORS (with 33-digit codes)

Financial Contact Information (grants manager for your laboratory):

NAME: _____

EMAIL: _____

TELEPHONE: _____

***SIGNATURE (of grants manager):** _____ ***Date:** _____

33-DIGIT ACCOUNT NUMBER: _____

***Expiration Date:** _____

Note: The CEMC Finance Office will confirm the 33-digit account number with the financial contact and provide a statement of the charges incurred.

NON-HARVARD MEDICAL SCHOOL INVESTIGATORS

- *Make POs payable to Harvard University; PO BOX 4999; Boston, MA 02212-4999*
- *Send a PDF of the PO to Sarah Sterling with this form*
- *Specify PO expiration date and amount*

***PO NUMBER for microscope session:** _____

***PO Amount:** \$ _____ ***PO Expiration Date:** _____

PO NUMBER for consumables (can be open to charge more than once): _____

***PO Amount:** \$ _____ ***PO Expiration Date:** _____

NAME and ADDRESS TO SEND THE INVOICE:

(Please include a contact name and phone number or email address)

*Required Field

Contact: Sarah_Sterling@hms.harvard.edu • 617-432-7091