# NDSU | Research Operations Service Centers

## *BILLING AUTHORIZATION FORM*

This form authorizes the RCA Research Operations Service/Recharge Center to electronically bill the funding indicated below for tool use and other service/recharge center charges incurred by your department when the indicated billing code is used by your group members. Billings will be charged monthly for the previous month's usage. A billing statement will be emailed to you for your review showing the charges that were billed.

**GROUP MEMBERS WILL NOT BE ALLOWED TO USE SERVICE/RECHARGE CENTER TOOLS UNLESS THEY KNOW THE *3 DIGIT BILLING CODE* AS ENTERED ON THIS FORM. DEPARTMENTS MUST HAVE A SIGNED *BILLING AUTHORIZATION FORM* ON FILE IN ORDER TO USE THE SERVICE/RECHARGE CENTER. PLEASE COMPLETE A SEPARATE FORM FOR EACH FUNDING SOURCE YOUR GROUP MEMBERS WILL USE FOR TOOL/SERVICE CHARGES.**

PI Name: _____

Department: _____

Campus Address: _____

Email: _____

Office Phone _____

Billing Contact Name: _____

Email: _____

Office Phone _____

**GROUP MEMBERS MUST ENTER THIS BILLING CODE IN THE BOOKIT LAB SYSTEM TO INDICATE WHAT FUNDING WILL BE CHARGED FOR THE USE OF THE TOOL OR SERVICE**

| Funding: | | | | |
|---|---|---|---|---|
| **Fund** | **Dept.** | **Program** | **Project** | **3 DIGIT BILLING CODE** |
| Project End Date: | | | | |

X

Funding Authorized: Date:
**Signatory must have the authority to approve depletion of funds.**

Please Print Name:

**TO SUBMIT COMPLETED AND SIGNED FORM, EMAIL TO BECKY HELLMAN TANGEN (becky.hellman@ndsu.edu)**