



MATERIALS RESEARCH SCIENCE AND ENGINEERING CENTER
University of Maryland, College Park

APPLICATION FORM FOR USE OF SEM/STM/SPM FACILITY OR VT-STM FACILITY
(Please print)

APPLICANT:

First Name: _____ Last Name: _____ Dept. _____

U.M. Employee Non-U.M. Employee (circle one)

Work Phone#: _____ Email: _____

EQUIPMENT:

SEM/STM/SPM (\$150.00 per day): _____ VT-STM (\$90.00 per day): _____

Number of Days: _____ Number of Days: _____

Total Cost: _____ Total Cost: _____

PRINCIPAL INVESTIGATOR:

Name of P.I.: _____ Dept.: _____

Phone#: _____ Email: _____

Topic of Research: _____

F.R.S.# (Account): _____

Approved Expense:

1. _____ No Limit (pay as billed) 2. Expense Limit Amount: _____

P.I. Approval Signature: _____ Date: _____

INVOICE:

Invoice to (Complete Address):

Dept. Business Office Address Phone #

Name of Director of Business Office Approval Signature of Director

AGREEMENT

The facility fees cover normal operations and amortization costs only. The PI accepts responsibility for ensuring appropriate operation of the facility, and for the costs of any damage resulting from careless or inappropriate use of the equipment.

APPLICANT SIGNATURE DATE

INTERNAL USE ONLY	Approval Signature: _____	Date: _____
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