



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

APPLICATION FORM FOR FACILITY USE

Complete form and bring to the MRSEC office: Rm. 2120 Physics Bldg.
(Please print)

APPLICANT:

First Name: _____ Last Name: _____ Dept. _____

IRG or Seed name: _____ Advisor: _____

Work Phone#: _____ Email: _____

FACILITY:

FacilityName: _____

Daily/Hourly Charge: \$ _____

Number of Days: _____ **Total Cost:** _____

IRG LEADER:

Name: _____ Dept.: _____

Phone#: _____ Email: _____

Topic of Research: _____

APPROVED EXPENSE:

Expense Limit Amount: _____

P.I. Approval Signature: _____ **Date:** _____

INVOICE: *To be completed by MRSEC business office*

Invoice to (Complete Address):

_____ Dept. _____ Business Office Address _____ Phone # _____

_____ Name of Director of Business Office _____ Approval Signature of Director _____