

BILLING AUTHORIZATION

SCCC Flow Cytometry Shared Resource

RMSB 7147 (R-127), (305) 243-5571

Cost center account # PG005885

Month/Year of Services rendered: _____

Principal Investigator/Laboratory: _____

Department/Center: _____

Billing Account(s): _____

Notes: _____

(If using multiple accounts please specify percentage allocation from each account. Please describe any other billing preferences, such as specific account # for individual users within the same laboratory, etc...)

Shared Resource Services

Instruments	Base Rate per hour*	Estimated Monthly Usage (hours)	Estimated Monthly Cost (\$\$\$)
Analyzer – FACS Canto II	\$66.00		
Analyzer – LSR II	\$83.00		
Analyzer – LSR-Fortessa	\$100.00		
Sorter – FACS Aria II (BSL-1)	\$115.00		
Sorter – FACS Aria IIu (BSL-2)	\$115.00		
Sorter – FACS Aria Fusion (BSL-2)	\$115.00		
<i>*Rates are subject to a subsidy</i>			
Software – University site license (New Purchase or Annual Renewal)			
	Flat Rate		
FlowJo	\$270.00 per computer		
FCS Express 6 Flow Cytometry	\$234.00 per login		
FCS Express 6 Plus	\$552.00 per login		
FCS Express 6 Advanced Multicycle	\$50.00 per login		
Total:			

This Billing Authorization form serves as an acknowledgement, by the User (Principal Investigator/Laboratory), of the services and rates provided by the SCCC Flow Cytometry Shared Resource and authorizes the shared resource to invoice the designated account(s) for these services, rendered within the calendar month.

Services and rates stated in this form are valid and will be honored for all services rendered within a calendar month. A new Billing Authorization form, with up-to-date services and rates, must be submitted at the beginning of each month.

No services will be rendered without receipt of a signed Billing Authorization form.

The User agrees to acknowledge the Sylvester Comprehensive Cancer Center’s Flow Cytometry Shared Resource in any future publications, poster presentations and seminars related to the services contained in the Billing Authorization form.

To accept the terms of this Billing Authorization form and any quoted rates, sign here and return to the Flow Cytometry Shared Resource.

Principal Investigator or Authorizing Account signature

Departmental Account Manager/Secondary signature (if necessary)