

# Chemistry ACIF

*(please type)*

Date \_\_\_\_\_

Requesting Department Name \_\_\_\_\_

(UCRFS) Department Number \_\_\_\_\_

Requested by \_\_\_\_\_ Phone \_\_\_\_\_

Name of PI \_\_\_\_\_ PI Signature \_\_\_\_\_

## **FAU INFORMATION**

Account Name \_\_\_\_\_

Activity \_\_\_\_\_

Fund \_\_\_\_\_

Function \_\_\_\_\_

Cost Center \_\_\_\_\_

Project Code \_\_\_\_\_

FAU valid through \_\_\_\_\_

### **Your Accounting Department's contact information**

Name \_\_\_\_\_ Phone \_\_\_\_\_

*Comments*

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*Please note the Chemistry Department will bill the account provided until notified to change. It is the responsibility of the user to provide a current and valid FAU. If a current and valid FAU is not provided, work will NOT be performed.*