

# AAC - CONFOCAL MICROSCOPY UNIT

College of Biological Science  
University of Guelph  
Guelph, Ontario, Canada N1G 2W1

Dr. Michaela Strüder-Kypke  
519-824-4120 ext. 52737  
confocal@uoguelph.ca

## BILLING INFORMATION

Client name \_\_\_\_\_

E-mail address \_\_\_\_\_ Lab Position \_\_\_\_\_

Supervisor \_\_\_\_\_

Department \_\_\_\_\_

Phone \_\_\_\_\_ Building, Room # \_\_\_\_\_

Project Title \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Faculty Authorization \_\_\_\_\_

Please be aware that by signing above, you are authorizing a journal entry using your trust fund for the work described above. If a set amount of funds is allotted for the work, please make note of this below, and make the user aware of this also. A monthly statement will be sent by email, itemizing the fees incurred.

Trust Fund #

--	--	--	--

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

6	4	2	5	1
---	---	---	---	---

Fund Allotment Maximum \_\_\_\_\_