



College of Biological Science Digital Imaging Facility

AUTHORIZATION FOR CHARGES



Client Name: _____

Department: _____

Date: ____/____/____
dd/mm/yy

Coding number: ____ - ____ - ____ - ____ - **64161**
 Fund Unit Grant Project Object

I authorize the College of Biological Science Digital Imaging Facility to charge my Trust Fund for costs incurred relating to use and work completed for me by this facility.

Signature of Grant Holder

/Authorized Personnel: _____

I understand that the total fee will be charged to the coding listed above

Name and Extension of Grant Holder

/Authorized Personnel: _____

Poster printing rates

- Bond paper - \$2.21/sq foot**
- Gloss paper - \$3.75 sq foot**
- Lamination - \$2.50/sq foot**

Note: Posters with both dimensions exceeding 36 inches can only be printed on photogloss paper

**THIS FORM MUST BE COMPLETED IN FULL
BEFORE WORK WILL BE DONE**

**The Facility is located in Room 2309 in the Science Complex,
Contact: Ian Smith, Extension 56192**