



MASS SPECTROMETRY FACILITY FUND AUTHORIZATION FORM

SCHOOL OF PHARMACY
UNIVERSITY OF CALIFORNIA
600 16TH STREET, GENENTECH HALL, RM. N472
SAN FRANCISCO, CA 94158-2517 ✦ 415-476-4893

Principal Investigator _____

Department _____

Address & Box# _____

Phone & Fax _____

Email Address _____

Project Number(s) _____

Financial Information

Account Administrator

Name of Fund _____

Name _____

Grant # _____

Address & Box# _____

Source# _____

Phone & Fax _____

Email Address _____

For COA chartstring please provide the following:
SpeedType/ ProjectID/ Fund/ DeptID/ Function/
Activity Period

Additional Users:

User 1 - Name _____

User 2 - Name _____

Phone _____

Phone _____

Email _____

Email _____

User 3 - Name _____

User 4 - Name _____

Phone _____

Phone _____

Email _____

Email _____

Authorized Signature (must be PI) _____ Date: _____

Please submit via email to Nancy Wang (nwang@cgl.ucsf.edu) or fax 415-502-1655

ACCOUNT:
 NEW REVISIONS