

**Gilpin, Christopher J**

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**Subject:** billing authorization

I give permission to the LSMF to bill for use of equipment and supplies for the members of my laboratory and for any service work requested by the user as listed below:

Name: \_\_\_\_\_

Fund#: \_\_\_\_\_ Cost C/Order# \_\_\_\_\_

Name: \_\_\_\_\_

Fund#: \_\_\_\_\_ Cost C/Order# \_\_\_\_\_

Name: \_\_\_\_\_

Fund#: \_\_\_\_\_ Cost C/Order# \_\_\_\_\_

Name: \_\_\_\_\_

Fund#: \_\_\_\_\_ Cost C/Order# \_\_\_\_\_

Name: \_\_\_\_\_

Fund#: \_\_\_\_\_ Cost C/Order# \_\_\_\_\_

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