

Molecular and Cellular Imaging Facility - Advanced Light Microscopy Unit -

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Client name(s):	
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Fund Allotment Maximum for Fiscal Year 2024/2025: Yes, please charge the annual membership fee of \$ 525.00 to my account No, I don't want to pay/have already paid the annual membership fee of Trust Fund # (Please provide full coding) I hereby authorize the Molecular and Cellular Imaging Facility and CBS Clerical Unit Staff to objournal entry for all costs incurred relating to the use and work completed for me by this facility. for this work within a 10% variance of the fund allotment maximum given below. I will submit new authorization forms as required to reflect Trust Fund changes or price increases as	of \$ 525.00 5 4 2 5 1 charge my grant via
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