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Charge Account Information Form

- ❖ A separate copy of this form should be filled out for each funding source used by the lab
- ❖ This form is for Penn researchers only. PI's of other institutes should call for more information

Check one : New account Change in account information _____
PI's last name and first initial

Principal Investigator (full name) _____

PI Department _____ School _____ Lab Address _____

Telephone _____ (office) _____ (Lab) e-mail _____

Nick Name for this Account (required) _____

Account No: PI last name and the last 2 digits of the fund number are to be used

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									

Account End Date (required) _____

City (if outside University) _____ State _____ Zip Code _____

Lab personnel who will use facility services _____

University FinMIS Acct.# _____

If not at Penn, indicate billing method: Blanket P.O. # _____ (preferred)

Individual P.O.s per request Send invoice to PI or Business Administrator

Business Admin (full name) _____ B.A. Department & School _____

B.A. Phone _____ B.A. Fax _____ B.A. email _____

B.A. Address _____ BA Signature (required) _____ Date _____

If PI is a UPenn Cancer Center member, provide the following information

Grant Title _____

Agency _____ Award # _____

Effective Dates From _____ To _____

PI Signature (required) _____ Date _____