

Authorization for Animal Housing and Special Services Costs

PRINCIPAL INVESTIGATOR

PI First Name PI Last Name Email Phone

Department Name Department Address City State

Financial Contact First Name Financial Contact Last Name Financial Contact Email Financial Contact Phone

Protocol Number Project Name

Species

I hereby authorize the BU Animal Science Center to charge the following grant/fund source(s):

Effective Date

BOSTON UNIVERSITY ACCOUNTS ONLY

Source #1

Percentage (%) Account Number (GL Account Code) End Date

Source #2

Percentage (%) Account Number (GL Account Code) End Date

If you have a third BU source, please list it at the bottom of the page.

BOSTON MEDICAL CENTER (BMC) ACCOUNTS ONLY

Source #1

Percentage (%) BMC Activity Number (7-digit number) End Date

Source #2

Percentage (%) BMC Activity Number (7-digit number) End Date

I understand that it is my responsibility to monitor the actual monthly housing and other charges. Should I decide to change the above funding source(s), I will provide the Animal Science Center (ASC) with thirty (30) days advance notice and email a new Authorization for Animal Housing and Special Services Costs to **BUASC@bu.edu**.

I will receive a statement each month and all charges will automatically be charged to the above funding sources(s). If there is any dispute concerning the charges, I will contact the ASC within 30 days of the statement date. Failure to provide the ASC with a revised Authorization for Animal Housing and Special Services Costs could result in restricted access to animals until a funding source is provided to the BUASC.

Principal Investigator / Authorized Designee Signature

Date

Housing costs charged to a grant fund source will be verified with either the Office of Research Administration (BU) or the Research Support & Grants Administration (BMC).

Processed by ASC

** The PI and Protocol Number must match. Owner of funds must be named if different than PI.