

**Iowa State University
Chemical Services External Authorization Form**

Recipient Information:

Company Name: _____ A/R#: _____

NOTE: If this is your first time as an Iowa State University customer, we will request a new Accounts Receivable number (A/R#) for you. If the University has previously provided you with an A/R#, please enter it in the space above.

Research Contact

Name: _____

Phone #: _____

E-Mail: _____

Address: _____

Billing Contact

Name: _____

Phone #: _____

E-Mail: _____

Address _____

NOTE: Each set of samples submitted must include a cover letter describing the work to be performed. We invoice monthly, near the end of the month. For ongoing projects or instrument self-use, we will invoice the charges each month. For standalone projects, we may opt to invoice once the project has been completed. You will receive an itemized invoice from Chemical Services, and an official invoice from Accounts Receivable. CIF, Glass Shop, Machine Shop do not directly accept payments. All checks are payable to: Iowa State University and should be mailed to ISU Treasurer's Office, 1220 Beardshear Hall, 515 Morrill Rd, Ames, IA 50011-2103. Visit <https://www.ubill.iastate.edu/> for more payment information.

Signature: _____

Date: _____

*Please return form to Lisa Smith (515-294-6342), lsmith83@iastate.edu.
1605 Gilman Hall, 2415 Osborn Drive, Iowa State University Ames, IA 50011*

Office use only

Accounting Update: _____

Date: _____