

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

Recipient Information:

Company Name: _____ A/R#: _____

NOTE: If the University has previously provided you with an Accounts Receivable number (A/R#), please enter it in the space above.

Research Contact

Billing Contact

Name: _____

Name: _____

Phone #: _____

Phone #: _____

E-Mail: _____

E-Mail: _____

Address: _____

Address _____

NOTE: Each set of samples submitted must include a cover letter describing the work to be performed. In addition, a Purchase Order (with a PO number) issued by your company must be included or sent separately by mail, FAX, or e-mail. Alternatively, a Standing Order (with an SO number) may be sent. A Standing Order should include the time period covered, the general services covered, and the company representatives authorized to request services under the Standing Order. We cannot proceed with work unless a PO is received, or a valid SO is on file.

Signature: _____ Date: _____

*Please return form to Carlene Auestad (515-294-7813), auestad@iastate.edu.
1281 Gilman Hall, 2415 Osborn Drive, Iowa State University Ames, IA 50011*

Office use only

Accounting Update _____

Date _____