

## PAYMENT AUTHORIZATION FORM

It is my understanding that I will receive, on a monthly basis, the DCM invoice with charges for animal purchases, per diem charges and any services performed by DCM (original bill) to be made by me for the billing period. In accordance with the policy on ["Eligibility to Use the SUNY Downstate Division of Comparative Medicine \(DCM\) Animal Facility"](#) I hereby authorize the Office of Research Administration to encumber the awarded animal budget and pay monthly charges for animals (original bill) to the Division of Comparative Medicine (DCM) from my protocol linked account and research grant noted below as the animals are housed by my authority at this facility.

As the policy states, I understand that:

1. If I disagree with the original bill in any given month, it is my responsibility to contact the DCM office within two weeks to dispute that month's charges (reconciled bill). Lack of communication confers consent to pay the encumbered charges.
2. My Research Foundation (RF) account (or other) will have the annual animal budget encumbered in accordance with the above indicated policy and my monthly animal charges assessed against that encumbered budget.

PRINCIPAL INVESTIGATOR:

Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

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RF Project#: \_\_\_\_\_ RF Award#: \_\_\_\_\_

Sponsor: \_\_\_\_\_

IACUC Approved Protocol #: \_\_\_\_\_

Project Period From \_\_\_\_\_ To: \_\_\_\_\_

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### FOR RESEARCH FOUNDATION ONLY

The Per Diem Animal Charges authorized above are appropriate charges to

Project #: \_\_\_\_\_ Award #: \_\_\_\_\_

Research Foundation Account Representative: \_\_\_\_\_