

PAYMENT AUTHORIZATION FORM

It is my understanding that I will receive an invoice from the Division of Comparative Medicine (DCM) on a monthly basis, which will include charges for animal purchases and per diems, as well as any purchased inventory items and services performed by DCM (original bill) for me or my personnel during the billing period. In accordance with SUNY Downstate Medical Center Policy and Procedure [Eligibility to Use the SUNY Downstate Division of Comparative Medicine \(DCM\) Animal Facility](#), I hereby authorize the monthly charges (original bill) associated with my protocol be paid to DCM from the account identified below, as the animals are housed by my authority within this facility. 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 account listed below will be encumbered in accordance with my monthly animal charges (original or reconciled).

IACUC INFORMATION

IACUC Protocol Number: \_\_\_\_\_

IACUC Protocol Principal Investigator Name (please print): \_\_\_\_\_

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

BILLING INFORMATION

EXTRAMURAL FUNDING	
RF Project #:	RF Award#:
Project Period From:	To:
Sponsor Name:	
Is this funding related to a Veterans Affairs (VA) award, Department of Defense (DOD) award or requires Animal Care and Use Review Office (ACURO) review and approval of the associated IACUC protocol? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, the associated IACUC protocol will require submission of an <a href="#">Annual Review</a> prior to the end of year 1 and year 2 of the IACUC approval period.	
<b>Complete the information below only if the PI of the Award is <i>different</i> from the PI of the IACUC protocol.</b>	
PI of the Award – Name (please print): _____	
Signature: _____ Date: _____	
<i>I hereby authorize my account to be associated with and encumber charges as detailed above.</i>	

INTRAMURAL FUNDING	
NY State Account/IFR #:	
Requisition # (required):	
Account Title:	
<b>Complete the information below only if the Authorized Signatory of the Account is <i>different</i> from the PI of the IACUC protocol.</b>	
Authorized Signatory of the Account – Name (please print): _____	
Signature: _____ Date: _____	
<i>I hereby authorize this account to be associated with and encumber charges as detailed above.</i>	

OTHER FUNDING	
Name of source:	
<input type="checkbox"/> Credit Card	<input type="checkbox"/> Check
Do not provide account information here. Contact <a href="#">DCM</a> directly at time of invoice	