

Center for Additive Manufacturing and Logistics Solid Freeform Fabrication Facility Campus Box 7906 111 Lampe Drive Room 120 Raleigh, NC 27695 Phone: (919) 513-0220 Fax: (919) 515-5281

Dr. Ola Harrysson

## **FAS Authorization Form**

Principal Investigator		Phone	
Department/College		Campus Box	
Authorized User		Authorized User Email	
FAS# / Project ID	Begin Date mm/dd/yy	End Date mm/dd/yy	Max Amount

The signature of the **Principal Investigator** authorizes the Center for Additive Manufacturing and Logistics - Solid Freeform Fabrication Facility to charge the **FAS Account / Project ID** an amount up to the **Maximum Amount Authorized** for services and consumables provided to the **Authorized User**. All charges by CAMAL - SFFF will only be for services performed or for consumables used. Services will be charged at currently applicable CAMAL - SFFF use rates and consumables will be charged at a rate that covers the cost of providing the consumables.

If desired, the **Principal Investigator** may give written signature power to an authorized user for FAS / Project ID numbers for which the **Principal Investigator** is responsible. Only then will signatures other than that of the **Principal Investigator** be accepted. Failure to provide a **Maximum Amount Authorized** implies that no limit has been set by the **Principal Investigator** on services or consumables.

Consumables may be supplied by the Principal Investigator if prior approval is obtained from CAMAL - SFFF Staff. Users are not allowed to modify instrumentation or operating proce-dures without prior approval of CAMAL - SFFF Staff. Failure to adhere to the above rules will result in loss of access to CAMAL - SFFF services.

## Signatures

Principal Investigator	Date	
Authorized User	Date	
Contracts Manager PLEASE NOT:	Date	