

## **CHANL Access Form**

Please print clearly and bring a *signed* copy to your first training session.

1. User Information	on		
Name:		Date:	
University / Compar	ny:	Department:	
PID #:	usans only	Onyen:	
UNC	users only		
Undergraduate Student	Graduate Post-I Resea	Ooc or Facurch Asst. Staf	
2. Billing Informa	tion		
Old FRS Account N	(umber (optional):		
Fund:	Source:	 Depart	ment:
	Project ID:		
Cost Code 1:	Cost Code 2:	Cost C	lode 3:
Project Title:	Project Sponsor:		
		1	
Name:	person to receive invoices)	Phone: Fax:	
Address:			
3. Signatures			
Faculty advisor or s	upervisor signature to appro	ove charges against	the above account:
Printed Name	Sig	gnature	Date
User Signature			
Approved by:			
rr	Signature	Date	