

Microscope Facility
 Physiology Building, Room G04
 725 North Wolfe Street
 Baltimore, Maryland 21205-2105
 410-614-6890 Telephone
 410-955-4129 Fax
 www.hopkinsmedicine.org/micfac
 microscopy@jhmi.edu



Non-Member FORM & INSTRUCTIONS

| | | | | |
|---|--|---|---|--|
| Part A: Principal Investigator | | | | |
| PI Name: | Telephone: | | | |
| Title: | Email: | | | |
| Part B: Billing Address & Contact Information | | | | |
| Company: | Billing Contact Name: | | | |
| Address Line1: | Title: | | | |
| Address Line2: | Telephone: | | | |
| City, State & Zip: | Email: | | | |
| Part C: Principal Investigator Payment Agreement | | | | |
| <p><i>I agree to pay (Johns Hopkins University) for services rendered to me by the Microscope Facility.</i></p> <p style="margin-top: 20px;"> <input checked="" type="checkbox"/> _____ <input checked="" type="checkbox"/> _____ PI Signature Today's Date </p> | | | | |
| Part D: JHMI/JHU Payment Information | | | | |
| Cost Center Number + Fund Number: | Internal Order Number: | Expiration Date (m/d/y): | | |
| <div style="border: 1px dashed black; display: flex; align-items: center; justify-content: center;"> + </div> | <div style="border: 1px dashed black; display: flex; align-items: center; justify-content: center;"> + </div> | <div style="border: 1px dashed black; display: flex; align-items: center; justify-content: center;"> + </div> | | |
| Instructions: | | | | |
| <ol style="list-style-type: none"> 1. Please browse www.hopkinsmedicine.org/micfac for our services and fees. 2. Email microscopy@jhmi.edu for an appointment and summarize your needs. 3. JHMI/JHU <table border="0" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 30%; vertical-align: top; padding-right: 20px;"> <p>Customers: Please complete this form and submit it to the Microscope Facility on the day of your appointment.</p> </td> <td style="vertical-align: top;"> <p>Customers outside Johns Hopkins:</p> <p>3a. Please contact your company's accounting office as you may be required to obtain a purchase order PRIOR TO receiving service from the Microscope Facility.</p> <p>3b. Be advised that the Facility cannot accept payment at time of service. Invoices are generated monthly (payment terms: net 30 days).</p> <p>3c. Please complete Parts A, B & C above and submit this form to the Facility on the day of your first appointment.</p> </td> </tr> </table> | | | <p>Customers: Please complete this form and submit it to the Microscope Facility on the day of your appointment.</p> | <p>Customers outside Johns Hopkins:</p> <p>3a. Please contact your company's accounting office as you may be required to obtain a purchase order PRIOR TO receiving service from the Microscope Facility.</p> <p>3b. Be advised that the Facility cannot accept payment at time of service. Invoices are generated monthly (payment terms: net 30 days).</p> <p>3c. Please complete Parts A, B & C above and submit this form to the Facility on the day of your first appointment.</p> |
| <p>Customers: Please complete this form and submit it to the Microscope Facility on the day of your appointment.</p> | <p>Customers outside Johns Hopkins:</p> <p>3a. Please contact your company's accounting office as you may be required to obtain a purchase order PRIOR TO receiving service from the Microscope Facility.</p> <p>3b. Be advised that the Facility cannot accept payment at time of service. Invoices are generated monthly (payment terms: net 30 days).</p> <p>3c. Please complete Parts A, B & C above and submit this form to the Facility on the day of your first appointment.</p> | | | |
| Micfac Office Use Only | | | | |
| PO Required? Y / N | PI/Assoc Entered: ____ / ____ / ____ | Customer#: _____ | | |