AUTHORISATION FOR USE OF VIBRATIONAL SPECTROSCOPY FACILITY
University of Sydney Users 2008

I authorise ____________________________ to use the Vibrational Spectroscopy Facility.

I acknowledge that the Facility operates on a user pays system and I have read the attached brochure which outlines the rates for users.

I acknowledge that my account __________________will be debited via journal transfer to L0928 11111 either quarterly or half-yearly. I would like to be informed when the total billable hours have reached the amount of $____________.

If instruments and/or accessories are broken due to incorrect use or negligence by the above named user I acknowledge that I will be required to pay damages which will be agreed upon by myself, the Academic Director of the Vibrational Spectroscopy Facility and the Professional Officer.

I also acknowledge that training, instrument initialisation and calibration provided by the Professional Officer (P.O.) will be charged at the base rate (please see rates on website) plus an additional $100 an hour for all internal users.

__________________________  ________________________  _________________
Signature of User  Signature of Supervisor  Date

USERS DETAILS
TITLE  ________________  TITLE  ________________
NAME  ________________  NAME  ________________
DEPT/SCHOOL  ________________  DEPT/SCHOOL  ________________
EMAIL  ________________  EMAIL  ________________
PHONE  ________________  PHONE  ________________
FAX  ________________  FAX  ________________

BILLING DETAILS*
TITLE  ________________
NAME  ________________
DEPT/SCHOOL  ________________
EMAIL  ________________
PHONE  ________________
FAX  ________________

☐ Please indicate if you currently hold a subscription.

N.B. Internal users will be debited via a journal transfer to account L0928 11111.

Sample analysis undertaken by the P.O. on behalf of users will be charged according the current rates which can be found on the internet. Any after-hours work that requires the presence of the P.O. will be charged at a higher rate.

Please keep a copy of this form for your records.