

## UTSA Recharge Core Internal Project Agreement

**Recharge Core Facility:** \_\_\_\_\_

Services Provided: All services and equipment offered by a UTSA Core Facility.

**Principal Investigator:** \_\_\_\_\_

UTSA Login ID (abc123): \_\_\_\_\_ Department/College: \_\_\_\_\_

UTSA Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Primary Cost Center or Project ID**

(to be charged for monthly services)

**F&A Cost Center**

(used if primary account is insufficient)

<b><u>CC/PID</u></b>	<b><u>Expiration Date</u></b>	<b><u>CC</u></b>	<b><u>Expiration Date</u></b>

*\*Default expiration date is August 31, 20XX of current fiscal year.*

**Additional cost centers/project IDs (optional):**

	<b><u>Expiration Date</u></b>	<b><u>CC/PID</u></b>	<b><u>Expiration Date</u></b>

**Designated contact for billing (optional):**

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

<b>Authorized Users (First &amp; Last Name)</b>	<b>ABC123</b>	<b>Email Address</b>	<b>Expiration Date*</b>

*New iLab Users: Please visit <https://utsa.corefacilities.org> to sign-up and register for an account.*

*\*Expiration date cannot exceed August 31, 20XX of current fiscal year.*

**Terms of Agreement**

By signing below, the Principal Investigator agrees to render payment for all services performed by authorized users within this Agreement—in accordance with the rate schedule below (see *Page 3, Appendix A – Core Usage Rates*). Invoices will be distributed monthly via email to the PI or designated contact. The Principal Investigator will have 7 calendar days from the invoice date to dispute the charges or adjust payment method. If no response is received after 7 days, the invoice is considered to be approved and will be charged according to the funding source provided (unless the use of an alternate fund source is requested). If the indicated funding source does not have sufficient funding, the Internal User’s F&A cost center will be charged instead.

This agreement shall begin on upon the date signed below and end on August 31, 2020.

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

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**\*Please submit all completed forms to: [jerome.funtanilla@utsa.edu](mailto:jerome.funtanilla@utsa.edu)**