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 nanofab.utah.edu

Department Service Request Form

Name of person requesting service: _____

Email address: _____ Phone: _____

Department: _____

Campus Address: _____

Chartfield: _____

PI Name: (print) _____

Services Requested: (List all specifications and/or drawings. Attach separate sheet if necessary.)

Rates as of October 1, 2008

Microfab Lab

Maximum Monthly Lab Entry Rate	\$535/month
Lab Entry	\$45/hour
Mask Making Charge	\$35/layer
Professional Tech Support	\$55/hour

Surface Analysis & nano Imaging Lab

Basic Lab Entry	\$15/hour
XPS, SEM, XRF, FIB Equipment Use	\$45/hour
Professional Tech Support	\$55/hour
Student Tech Support	\$20/hour

Other Fees

Consumables, Precious Metals & Gases	Billed as used
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I understand use of the lab will be billed per calendar month. Rates are subject to change and increased rates should be assumed in new proposal budgets.

 PI Signature

 Date

To be completed by nanofab staff member:

Staff Name: _____

Microfab Begin Date: _____ End Date: _____

Surface Lab Total Lab Time: _____

Affiliated Lab _____ Total Tech Time: _____