

Date: _____

**UNIT FOR LABORATORY ANIMAL MEDICINE
AUTHORIZATION TO CHARGE AND/OR
REQUEST FOR ACCOUNT CHANGE**

Indicate what type of change you require: ___Authorization to Charge ___Account Change

U of M Short Code to be Used and /or Changed (six digits): _____

New Short Code to use if Account Change: _____

Please check the appropriate box below to indicate the types of charges that can be charged or transferred:

Purchase of Animals Care of Animals Requested Tech Services, supplies, etc.

Signature of Principal Investigator for the transfer of funds and use of UCUCA approval number:

(Printed name)

(Signature)

For account change only: would you like the account inactivated for future ULAM charges: ___Yes ___No

If Yes what month(s) would you like this to take effect: _____

(Note: if you are requesting a transaction to go back more than four (4) billing months, a justification from the PI is required)

*If the entire invoice is not being transferred a fax must be sent to 936-3235, attention Kate Lebow sky explaining what charges are to be transferred along with this form. Please specify amounts, invoice copies (if needed when not transferring entire amounts from specific invoices).

To safeguard against unauthorized use of your short code and UCUCA approval number on Animal Purchase Request Forms, ULAM requests that you authorize up to (3 individuals to sign the Animal Purchase Request Form.

If the short code holder (Principal Investigator) and the UCUCA approval number holder (Principal Investigator) are the same, ULAM will only require one authorized signature on the Animal Purchase Request Form.

If the short code holder and the UCUCA approval number are different, then two signatures are required: the signature of the short code holder or an authorized signer on the short code and the signature of the UCUCA approval number holder. An authorized signer may not sign for the use of the UCUCA approval number. Additionally, purchase requisitions with altered entries in the Humane Use Category will not be accepted unless initialed by an authorized signer.

AUTHORIZED SIGNERS:

1) _____
(Printed Name)

(Signature)

2) _____
(Printed Name)

(Signature)

3) _____
(Printed Name)

(Signature)

If you have more than one short code that will be used, please submit this form for each change.

Deactivation of short codes should be e-mailed to klebow@med.umich.edu. Use this form to submit a new Authorization to Charge form including all authorized signers if new short code is to be used.

PLEASE RETURN THIS FORM TO:	Kate Lebow sky ULAM 018 ARF 0614	Phone: 764-0277 Fax: 936-3235
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