

TEXAS ENGINEERING EXPERIMENT STATION
REQUEST FOR AN ACCOUNT FOR INSTITUTIONAL SERVICES

Date: _____

Requesting Division: _____

Name of Principal Investigator: _____

Account Number: _____ **TO BE COMPLETED BY FISCAL OFFICE**

1. ATTACH a complete description of the services you will be providing; this should include the type of anticipates users of your service and long-term plan for this activity.
2. ATTACH a proposed schedule of rates to be used for each service to be provided.
3. ATTACH a methodology used to determine this rate.
4. ATTACH a proposed operating budget.
5. ATTACH a copy of type of log to be used.

REQUESTOR:

Principal Investigator's Signature

Date

APPROVALS:

Division Head Signature

Date

Controller, TEES

Date

Assoc, Agency Director & CFO

Date