Rice University
Shared Equipment Authority
External Instrument User Application

Company Name: __________________________________________
Billing Address: ____________________________________________
Phone #: __________________________________________
PO #: __________________________________________
PI name: __________________________________________
PI department: __________________________________________

Billing contact name: __________________________________________
Billing contact email: __________________________________________

**If instrument is to be operated by a Rice trained user or technician, please complete the below statement.**

Rice University SEA Research Technician or other qualified SEA user will be operating the following instruments:

on behalf of __________________________ (Company name). (I understand that if a SEA technician operates the instrument, there will be an additional fee of $110.00/hr for the technician’s time plus the external instrumentation fee that is associated with running the equipment.)

Above Company Representative Signature: __________________________________________
Title: __________________________
Date: __________________________

**Person(s) who will be on Rice campus using SEA equipment if instrument is to be operated by non-Rice Users or technicians, please fill out this portion (Use back of page if necessary)**

(1) User’s Name: __________________________ E-mail: __________________________
Instrument to be Used: __________________________ Are you a trained user already? __________________________

User’s Signature (Required): __________________________________________
(2) User’s Name: __________________________ E-mail: __________________________
Instrument to be Used: __________________________ Are you a trained user already? __________________________

User’s Signature (Required): __________________________________________

User’s Employer Representative Signature: __________________________________________
Print Name: __________________________ Title: __________________________ Date: __________________________

Signature of Representative of Rice SEA: __________________________ Date: __________________________

By signing this form, User and User’s Employer acknowledge that you have received a copy of our billing rates and understand that payment is due upon demand as set forth in the Equipment Use Agreement. Any billing questions may be directed to Meri Dix, Rice University -SEA, MS-680, 6100 Main Street, Houston TX 77005, 713-348-8233