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