

SERVICE AGREEMENT REQUEST

Requestor Name:

Requestor Email:

Requestor Phone:

Research Lab/Department:

Lab Location:

Primary Services Requested:

Vendor:

Equipment:

Previous PO# (unless this is for a new piece of equipment, in which case please include the purchase date of equipment – **Required):**

Services to be provided (i.e., yearly service, warranty, etc.):

- **Service Start Date:**
- **Service End Date:**

Total Quoted Cost (\$USD): \$

Description of the Service Agreement's use and value to Hillman or the requestor's research program/department:

Does this Service Agreement involve lasers or laser-related equipment, chemical fume hoods, gas cabinets, or biological safety cabinets? **Required):**

- Yes**
- No**

Required for all Service Agreement requests involving lasers or laser-related equipment, chemical fume hoods, gas cabinets, and biological safety cabinets. You **must** acquire approval from EH&S prior to submitting your request, please attach a pdf copy of the EH&S approval email.

Funding Information (check one)

This service will be used:

- Exclusively by my research lab**
- For common equipment that is available for use by all Hillman faculty and staff**
- As a part of Hillman shared resources**
- By a group of faculty* or program pooling resources for its purchase**

***Please list all faculty members:**

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This Service Agreement will be:

- A renewal of an existing Service Agreement
- A replacement of an existing Service Agreement
- A new Service Agreement

Available sources of funding:

Account Number(s)						Percentage (%)	Dollars (\$)
	7100						
	7100						
	7100						
	7100						
	7100						

For Office Use Only:

Management approval

Alison Lithgow, Director of Finance

Devin Dressman, AD for Research Operations and Strategy