Code	Number	
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Characterization Facility

University of Minnesota Users Only Billing Form

Please provide this form to your departmental accounting staff. If you are using a <u>Sponsored</u> account fill in the project field, if you using a <u>Non-Sponsored</u> account, fill in the program field, and if you are using a <u>Cost Share</u> account, fill in the program, projects, and cost share field with CS. **All information must be provided or form will be disregarded.**

Us	ser Name					
De	epartment					
Fa	culty member associated	with this funding				
Nickname for Account (10 characters maximum)						
This account is in effect until (date)*						
EFS Account String:						
	Fund (Required)	DeptID (Required)	Account (Required)			
			720403			
	Program	PCBU	Project	Act		
		<u>U M S P R</u>		<u>1</u>		
	CF1 (if applicable)	CF2 (if applicable)	EmplID (if applicable)	CS		
User Departmental Accounting Staff Name of Departmental Staff providing account to user						
Date Signature						
Pł	none	Fax	E-mail			
Date entered into JAWS & Initials:						
*R	*Required. Billing account strings will be deactivated upon expiration date. The user and user department are responsible for					

If an invoice for billed work or purchased products returns as a voucher error, the user account will be deactivated until a valid account is provided. If an invalid EFS string is provided for a service charge the user will be charged the hourly rate for the length of time it takes to correct it.

^{*}Required. Billing account strings will be deactivated upon expiration date. The user and user department are responsible for providing updated EFS-billing information five business days in advance of the expiration date to ensure uninterrupted service. The CharFac requires three business days to edit or set up billing strings.