

ATTACHMENT A
CMU NANOFABRICATION FACILITY
SCOPE OF ACTIVITIES

Student/Faculty Name:

Advisor's Name and contact information:

General Description of Activities and Equipment to be used:

Dates during which Faculty/Student anticipates being at the Facility:

Student and/or Faculty Members understands and agrees, that total Fees charged for their equipment use in the Carnegie Mellon Facility cannot exceed \$5,000 per month. The University agrees to pay Fees charged by Student and/or Faculty under this Scope of Activities in a total amount not to exceed: Dollars, based on the current pricing as set forth at www.nanofab.ece.cmu.edu.

University Address for Billing and Invoices:

Responsible Department Address:

With a Copy to:

Dr. David Waldeck
Chevron Science Center
219 Parkman Avenue, Room G-10
Pittsburgh, PA 15260
e-mail: dave@pitt.edu

University agrees to pay Carnegie Mellon within 30 days of receipt of invoice as follows:

By check made payable to "Carnegie Mellon University" directed to:

Carnegie Mellon Payment Address:
Carnegie Mellon University

Rev. June 2015

Financial Services Group
P.O. Box 360456
Pittsburgh, PA 15251-6456
Attn: Beth Callaway

With cc to:
Chris Bowman, Director
Carnegie Mellon Nanofabrication Facility
ECE Department
Pittsburgh, PA 15213-3891 USA

University of Pittsburgh-Of the Commonwealth System of Higher Education

Office of Research

Print Name: _____

Signature: _____ Date: _____

E-mail address: _____

If applicable:

University Student, Print Name: _____

Signature: _____ Date: _____

University Faculty Advisor, Print Name: _____

Signature: _____ Date: _____

Carnegie Mellon University

Office of Sponsored Programs

Print Name: _____ Date: _____

Signature: _____

E-mail address: _____

Carnegie Mellon Facility Use Approved for up to _____ hours per month by:

Print Name: _____ Date: _____

Signature: _____