

Lineberger Facility Customer Information

Principal Investigator

PID:	
Name:	
Phone:	

Onyen:	
Department:	
Email Address:	

Accounting Representative

PID:	
Name:	
Phone:	

Onyen:	
Email Address:	

Lab Representative

PID:	
Name:	
Phone:	

Onyen:	
Email Address:	

Additional Representatives (Optional)

PID:	
Name:	
Phone:	

Onyen:	
Email Address:	

PID:	
Name:	
Phone:	

Onyen:	
Email Address:	

PID:	
Name:	
Phone:	

Onyen:	
Email Address:	

Account Information

Account Type:

Required for all accounts

Fund:		Source:		Dept. ID:		Program:	
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For grant accounts (required)

Project ID:	
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For non-grant accounts (optional by department)

Cost Code 1:		Cost Code 2:		*Cost Code 3:	
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Account Type:

Required for all accounts

Fund:		Source:		Dept. ID:		Program:	
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For grant accounts (required)

Project ID:	
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For non-grant accounts (optional by department)

Cost Code 1:		Cost Code 2:		*Cost Code 3:	
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Account Type:

Required for all accounts

Fund:		Source:		Dept. ID:		Program:	
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For grant accounts (required)

Project ID:	
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For non-grant accounts (optional by department)

Cost Code 1:		Cost Code 2:		*Cost Code 3:	
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***Cost Code 3 is required for all UCRF accounts**