

## Internal Service Request

Requester \_\_\_\_\_

BTI person / lab to be billed \_\_\_\_\_

BTI billing account \_\_\_\_\_

\*If outside BTI please provide billing information:

Name \_\_\_\_\_ PO# \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

### Type of Service

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Plant Cell Imaging | <input type="checkbox"/> Mass Spectrometer | <input type="checkbox"/> Greenhouse   |
| <input type="checkbox"/> Gene Expression    | <input type="checkbox"/> Biotech           | <input type="checkbox"/> Lab services |

service request :

research explanation / how service relates to project:

additional comments:

## Approval

\_\_\_\_\_  
*PI or Authorized Signer*

\_\_\_\_\_  
*Date*