

University of Houston
Plant Operations
Environmental Health and Risk Management Department

Request for Biosafety Cabinet REPAIR and Authorization for Payment

- Use this form to request Biosafety Cabinet Repairs and to authorize payment of services from a specified cost center.
- This form must be accompanied by an approved repair quotation.
- **This form must be completed in BLUE INK and signed by the certifying signature authority for the cost center provided.**
- The Environmental Health and Risk Management Department will make payment to the authorized vendor (Superior Laboratory Services Inc.) directly and charge your specified cost center via Journal Entry using this documentation as authorization.

Requesting Faculty/Department: _____

Biosafety Cabinet Location (Building and Room No.): _____

Description of Biosafety Cabinet Repair (include SLSI quotation): _____

Cost of Repairs: _____

Departmental Contact: _____

Contact E-Mail address: _____

UH Telephone: _____ FAX: _____ UH Mail Code: _____

Business Unit: _____ Fund Code: _____ Dept. Code: _____

Program Code: _____ Project ID: _____ Speed Type: _____

Note: The use of ledger-5 funds must be approved by the Division of Research prior to the purchase.

“I certify that the Biosafety Cabinet **REPAIR** described above has been requested and that I authorize the recording of the expense for this service to the referenced cost center.”

Printed Name, Certifying Signature: _____

Signature: _____ Date: _____

Return the original form to: Environmental Health and Risk Management, Campus Mail: EHRM 1005
At this time electronic or faxed copies cannot be accepted.