



The John S. Dunn Center for Radiological Sciences
Authorization to Invoice Form

Please send completed and signed form to:

Amanda McWatters
University of Texas M.D. Anderson Cancer Center
Department of Interventional Radiology
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PI Name: _____

Institution/Department: _____

Phone: _____ Fax: _____

Billing Address: _____

Grant Name: _____ Grant #: _____

Funding Start Date: _____ Expiration Date: _____

New COA

Dept. Code	Fund Group	Fund	Account	Fund Type	Bus. Unit	Project	Activity
			55102				

IACUC Protocol Number: _____

Authorized Signature: I certify that I am authorized to approve the use of funds on this company center/account and to the best of my knowledge adequate funds are available for the project during the designated time frame. I understand that a new form is required for each funding period.

Name: _____ Signature: _____

Name: _____ Signature: _____

Date: _____



Comments: