

CHAR FAC USER CODE NUMBER: \_\_\_\_\_

**I.T. Characterization Facility  
University of Minnesota Users Only  
Billing Form for Non-Sponsored Account**

Please provide this form to your departmental accounting staff. This page should be used **ONLY** if you are charging your work to a NON-SPONSORED account.

**USER NAME (Print):** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Faculty member associated with this funding:** \_\_\_\_\_

**Nickname for the Non-Sponsored Account (10 characters):** \_\_\_\_\_

**This account is in effect until (date):** \_\_\_\_\_

**EFS Non-Sponsored Account String:**

<b>Fund (Required)</b>	<b>DeptID (Required)</b>	<b>Account (Required)</b>	
<u>1</u> _ _ _ _	_ _ _ _ _	<u>720403</u>	
<b>Program</b>	<b>PCBU</b>	<b>Project</b>	<b>Act</b>
<u>2</u> _ _ _ _	Leave blank	Leave blank	Leave blank
<b>CF1 (Optional)</b>	<b>CF2 (Optional)</b>	<b>EmplID (Optional)</b>	<b>CS</b>
_ _ _ _ _	<u>100000</u> _ _ _ _	_ _ _ _ _	Leave blank

**User's Departmental Accounting Staff Person:**

**Name of person providing EFS account to user (Print):** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

Date entered into JAWS & Initials: \_\_\_\_\_

Date Updated in JAWS & Initials: \_\_\_\_\_

NOTICE: Re: Expiration dates for funding. rev 6-25-09.  
It is the user's or department responsibility to provide an updated account string or an extension date within five business days of an account string expiration date. If this is not provided, the billing account string will be removed until this information is presented to the Char Fac office. If the user has only one billing account string, the account will be deactivated until the billing string is reestablished. The Characterization Facility requires one business day or twenty-four hours for account set up.

**CHAR FAC USER CODE NUMBER:** \_\_\_\_\_

**I.T. Characterization Facility  
University of Minnesota Users Only  
Billing Form for Sponsored Account**

Please provide this form to your departmental accounting staff. This page should be used ONLY if you are charging your work to a SPONSORED account.

**USER NAME (Print):** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Faculty member associated with this funding:** \_\_\_\_\_

**Nickname for the Sponsored Account (10 characters):** \_\_\_\_\_

**This account is in effect until (date):** \_\_\_\_\_

**EFS Sponsored Account String:**

<b>Fund (Required)</b>	<b>DeptID (Required)</b>	<b>Account (Required)</b>	
-----	-----	<u>7 2 0 4 0 3</u>	
<b>Program</b>	<b>PCBU</b>	<b>Project</b>	<b>Act</b>
Left blank.	<u>U M S P R</u>	<u>0</u> -----	<u>1</u>
<b>CF1 (Optional)</b>	<b>CF2 (Optional)</b>	<b>EmplID (Optional)</b>	<b>CS</b>
-----	<u>1 0 0 0 0 0</u> -----	-----	Left blank

**User's Departmental Accounting Staff Person:**

**Name of person providing EFS account to user (Print):** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

Date entered into JAWS & Initials: \_\_\_\_\_

Date Updated in JAWS & Initials: \_\_\_\_\_

NOTICE: Re: Expiration dates for funding. rev 6-25-09.  
It is the user's or department responsibility to provide an updated account string or an extension date within five business days of an account string expiration date. If this is not provided, the billing account string will be removed until this information is presented to the Char Fac office. If the user has only one billing account string, the account will be deactivated until the billing string is reestablished. The Characterization Facility requires one business day or twenty-four hours for account set up.

CHAR FAC USER CODE NUMBER: \_\_\_\_\_

**I.T. Characterization Facility  
University of Minnesota Users Only  
Billing Form for Cost Share Account**

Please provide this form to your departmental accounting staff. This page should be used ONLY if you are charging your work to a COST SHARE account.

**USER NAME (Print):** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Faculty member associated with this funding:** \_\_\_\_\_

**Nickname for the Cost Share Account (10 characters):** \_\_\_\_\_

**This account is in effect until (date):** \_\_\_\_\_

**EFS Cost Share Account String:**

<b>Fund (Required)</b>	<b>DeptID (Required)</b>	<b>Account (Required)</b>	
----	-----	7 2 0 4 0 3	
<b>Program</b>	<b>PCBU</b>	<b>Project</b>	<b>Act</b>
-----	<u>U M S P R</u>	0 -----	<u>1</u>
<b>CF1 (Optional)</b>	<b>CF2 (Optional)</b>	<b>EmplID (Optional)</b>	<b>CS</b>
-----	<u>1 0 0 0 0 0</u> ----	-----	<u>C S</u>

**User's Departmental Accounting Staff Person:**

**Name of person providing EFS account to user (Print):** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

Date entered into JAWS & Initials: \_\_\_\_\_

Date Updated in JAWS & Initials: \_\_\_\_\_

NOTICE: Re: Expiration dates for funding.

rev 6-25-09.

It is the user's or department responsibility to provide an updated account string or an extension date within five business days of an account string expiration date. If this is not provided, the billing account string will be removed until this information is presented to the Char Fac office. If the user has only one billing account string, the account will be deactivated until the billing string is reestablished. The Characterization Facility requires one business day or twenty-four hours for account set up.