

REPRODUCTION

Financial Data Form LIGAND ASSAY & ANALYSIS CORE LABORATORY

Federal Entity Identification Number (FEIN):	
Institution Name (for FEIN above):	
Responsible Primary Investigator:	Title/Position
Responsible PI Information:	Send Invoice To:
Primary Investigator:	Fiscal Contact:
Street Address:	Street Address:
Street Address:	Street Address:
City:	City:
State: Zip Code:	State: Zip Code:
Email:	Email:
Phone:	Phone:
Fax:	Fax:

TERMS OF BUSINESS:

If your institution requires a Purchase Order number to process payment, PLEASE PROVIDE THE PO# WHEN YOU SUBMIT THE SAMPLES. If payment is not received within 90 days of the submission of our invoice, your account will be suspended. That means you may still submit samples to the Ligand Core, but results cannot be given until all invoices are paid. This form must be resubmitted when/if any of the contact information changes to keep our files up to date.

The services requested are subject to the University of Virginia's standard terms and conditions found at http://uvafinance.virginia.edu/sites/uvafinance/files/2022-09/UVA_STC.pdf,and shall not be varied, modified or amended by any subsequent purchase order, invoice, statement of terms and conditions or other document or instrument unless the parties execute a separate written document to include such provision.

To signify that you understand and agree to our terms of business, please sign below:

Signature of PI