



The University of Toledo Advanced  
Microscopy & Imaging Center

# Invoice/Project Description

THE UNIVERSITY OF  
**TOLEDO**  
1872

Investigator Information: \_\_\_\_\_ PI Signature: \_\_\_\_\_

Your Name: \_\_\_\_\_ Department: \_\_\_\_\_

Your Email Address: \_\_\_\_\_ Campus Lab Address: \_\_\_\_\_

Faculty Lab/PI: \_\_\_\_\_ Campus Lab Phone: \_\_\_\_\_

Billing Information:       Grant       Internal Funding/Start-up Funds

Agency \_\_\_\_\_

Acct#: \_\_\_\_\_

R&G Approval \_\_\_\_\_

### Planned Facility Usage:

Confocal Microscopy

Digital Imaging

Live Cell Imaging

Total Internal Reflection Microscope

Electron Microscopy

Multiphoton Microscopy

Laser Capture Microscopy

Light Microscopy

Inverted Phase/Widefield Fluorescence

Specimen Description:       Hazardous or infectious samples will be involved in my project.  
If, so please notify an AMIC staff member.

Biological: \_\_\_\_\_ Microbial: \_\_\_\_\_

Animal: \_\_\_\_\_ Other: \_\_\_\_\_

**Brief Project Description:** Please provide a title for your project and a brief description. Use the other side of this paper if necessary.

Project Title: \_\_\_\_\_

Description: \_\_\_\_\_

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