



UNIVERSITY OF TORONTO
FACULTY OF MEDICINE

MIL User Information Form for University of Toronto

Please fill out the form below and once completed submit to kathleen.martin@utoronto.ca

SUPERVISOR	
First Name _____	Surname _____
Department _____	
Address _____	

Phone _____	
Email _____	
*Signature _____	

USER or STUDENT	
First Name _____	Surname _____
Department _____	
Address _____	

Phone _____	
Email _____	
*Signature _____	

U of T ACCOUNTING INFORMATION (FIS) and DEPARTMENT FINANCE/BUSINESS OFFICE INFORMATION (Required)	
CC _____	Name _____
FUND _____	Phone _____
CFC _____	Email _____
Please advise the mailing address if your supervisor does not have the University of Toronto's Accounting information.	

***Please be advised that the following policies are in place for ALL microscopes.**

Users can cancel time slots up to 1 hour before scheduled usage. There will be an administrative charge of the instrument rate per hour booked if your slot is not used and not cancelled within 1 hour.

For Office Use Only

Date received _____ BML _____ Signature _____

GL _____ Tax Code _____