**IFAS FSP Service Statement**

Principal Investigators are responsible for ensuring the applicable approvals are obtained prior to providing services. Please complete this form and mail, along with check, to C&G for deposit.

University of Florida

Contracts & Grants

PO Box 931297

Atlanta, GA 31193-1297

|  |  |
| --- | --- |
| **PI Name (Last, First)** |  |
| **PI Unit** |  |
| **UFIRST Proposal/Award/Mod#** |  |

|  |  |
| --- | --- |
| **Description of Service** |  |

|  |
| --- |
| **Certification** |
| I acknowledge that the attached payment is for services I have provided to the customer and are not part of a sponsored research project.   Principal Investigator’s Signature |

**Sponsor Information**

|  |  |
| --- | --- |
| **Sponsor Name** |  |
| **Check Number** |  |