

**WOODS HOLE OCEANOGRAPHIC INSTITUTION**  
**PAYMENT AUTHORIZATION INFORMATION**

Please complete this form and send one copy each to [csi@whoi.edu](mailto:csi@whoi.edu) and [smmurphy@whoi.edu](mailto:smmurphy@whoi.edu). You may also fax this form to (508-457-2041). Please email [scramer@whoi.edu](mailto:scramer@whoi.edu) prior to faxing.

Organization: \_\_\_\_\_  
User Name(s): \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
WHOI Tracking Number: \_\_\_\_\_

1) How will you pay for these services?

Purchase Order (attached)                      or                       Credit Card

i. (check one)     MasterCard     VISA    Number: \_\_\_\_\_

ii. Name on Credit Card: \_\_\_\_\_

iii. Expiration Date: \_\_\_\_\_

iv. Signature: \_\_\_\_\_

2) Is the source of your funding from the U.S. Federal Government?                       Yes                       No

If YES, please provide the following information.

The Federal Government Agency: \_\_\_\_\_

Contract/Grant number of that Prime Award: \_\_\_\_\_

The CFDA (Catalog of Federal Domestic Assistance) number: \_\_\_\_\_

3) What is the Period of Performance for your payment authorization?: \_\_\_\_\_

4) What is the maximum amount we may bill?: \_\_\_\_\_

5) What is the Accounts Payable Billing Address or address for credit card receipt?:

***For internal use only; to be completed by WHOI upon receipt of Payment Authorization***

PI/Administrator: \_\_\_\_\_

Service Center: \_\_\_\_\_

WHOI Project Number: \_\_\_\_\_