

NEUROSCIENCE RESEARCH INSTITUTE - RECHARGE FORM			
User's Name	Last	First	User's Home Department
User's email	Working with PI		Lab
Account Information			
Account Administrator Name & Department		Phone	Email
Project Code	Project Description	Begin Date	End Date
Chartstring			
*Return form to NRI purchasing office, Bio II, room 6131 *direct questions to nri-acct@ucsb.edu			