



SURFACE INTERFACE ONTARIO

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group	user	month/#
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Date:

## Request for Surface Analysis/Preparation - Academic

Please supply following for work to proceed

Name:  
Supervisor:  
Dept.:  
University:  
Telephone:  
Fax:  
e-mail:

↓

Fund:
CFC:
CC:
Order:

or invoice (external University only)

↓

Authorisation: \_\_\_\_\_

<b>Description of Work:</b>	<b>Instrument:</b>	
	Tof-SIMS	
	XPS	
	Profilometer	
	Preparation	
	Work-Station	

Date Requested:	Date Performed:	Amount (\$)
Estimated Instrument Time:	Actual Time: @	
	@	
Work-station:	Work-station - # @	
Estimated SI-O Time:	Actual Time: @	
<b>Total:</b>		

**Notes on Charges:**

Instrument time includes **all** the time the machine is tied-up - not just beam/preparation time  
 SI-O time includes machine set-up, operation, data processing and report preparation  
 SI-O will decide best method to obtain required data