

CAMS Analysis Application (FOR ADMIN USE ONLY)
Center for Accelerator Mass Spectrometry
Lawrence Livermore National Laboratory

Instructions: Please complete Section I (PI/Collaborator) & Section II (including Billing Contact)

IMPORTANT: Answer the federal grant question, then forward this form to the individual that is authorized to sign Contracts/Grants, etc. for completion of Section III. This information is critical for the initiation of the required paperwork mandated by the U.S. National Nuclear Security Agency (NNSA) in conjunction with the Lawrence Livermore National Security, LLC. These documents are mandatory in order to allow LLNL to perform any work for a Non-Federal customer

SECTION I - Principal Investigator/Collaborator

PI/Collaborator Name:

University/Institution/Company:

DUNS# (Required):

Department:

Department Address:

Phone Fax Email

SECTION II- Analysis/Project Information

LLNL PI/Collaborator Name:

AMS: Microprobe

Project Term (number of Months):

Project Title:

Total Contract Amount: \$ -

Type of Nuclide(s):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Estimated Cost per Sample:	\$ -	\$ -	\$ -	\$ -
Estimated Number of Analyses (Total):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Estimated Number of Analyses (Initial):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Y/N

Do you have a federal grant supporting this project?:

Agency: Grant Number:

If yes, please provide:

SECTION III- Contract/Grants/Administrator (Authorizing Individual)

Name:

Title:

Address:

City/State/Zip:

Phone Fax Email

Billing Contact (Individual that would authorize invoices for payment)

Name:

Title:

Address:

City/State/Zip:

Phone Fax Email

Send Completed Form to: Kerri Butman
email: butman2@llnl.gov ph: (925) 422-9527