

APPENDIX A-
to User Agreement No. **NP-09-**

between **UT-BATTELLE, LLC (CONTRACTOR)** and

USER INSTITUTION'S NAME (USER)

Pursuant to the above-identified User Agreement and subject to the terms and conditions stated therein, CONTRACTOR shall provide, furnish, or otherwise make available to duly authorized employees or representatives of USER the following facilities, equipment, services, material and/or information for the following purpose.

Facility	
Purpose	(Number and Title of Proposal/Project)
Term	The earlier of 3 years from date of last signature on this Appendix or termination of the User Agreement
Cost	\$
Advance Payment	\$ (DUE UPON RECEIPT)
Billing Period/Interval	Monthly ***NOTE: This document shall serve as an invoice***
Invoice #/Date	
ORNL Technical Contact	
Special Provisions	
Select One: ___Partial Cash Advance ___Full Cash Advance ___Full Cash Advance/Task-by-Task Basis (see payment schedule)	

To be completed by USER:

<p><u>Organization Classification (select one)</u></p> <p><input type="checkbox"/> Small Business</p> <p><input type="checkbox"/> Large business</p> <p><input type="checkbox"/> Non-profit Organization/University</p> <p><input type="checkbox"/> National Laboratory</p> <p><input type="checkbox"/> Federal Agency</p> <p><input type="checkbox"/> Foreign Owned</p> <p><input type="checkbox"/> Other</p>	<p><u>User Billing Address:</u></p> <p><u>User Purchase Order (if applicable):</u></p>
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Payment Options:

<p>1- Issue check payable to UT-Battelle, LLC. Please return a copy of this page with your payment.</p> <p>TREASURY SERVICES ATTN: Lenora E. McBee Ph (865) 574-9103 Oak Ridge National Laboratory One Bethel Valley Road 1060 COM, MS-6437 Oak Ridge, TN 37831-6437</p>	<p>2- Wire transfer funds</p> <p>Treasury - New York City ABA 021030004</p> <p>Please include "Treas NYC/(89000001)" on the receiver-info-line, and list all invoice numbers being paid on the sender-info-line.</p>
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Proposed on behalf of USER	Accepted on behalf of CONTRACTOR
Signature:	Signature:
Name (print):	Name: William P. Painter
Title (print):	Title: User Facilities Program Manager Sponsored Research Programs
Date:	Date:

Please return this document with authorized signature to scottre@ornl.gov or fax to 865-574-4407.