



WOODS HOLE OCEANOGRAPHIC INSTITUTION PAYMENT AUTHORIZATION INFORMATION

Company/Organization Name: _____

Contact Name: _____

Contact Telephone: _____

Contact Email: _____

WHOI Tracking Number: _____

1) How will you pay for these services? (check one)

☐ Purchase Order (attach to this form) PO Number _____

☐ Credit Card (check one) ☐ MasterCard ☐ Visa ☐ American Express ☐ Discover

Credit Card Number: _____

Cardholder Name: _____

Credit Card Expiration Date: _____ Security Code: _____

Cardholder Signature: _____

☐ Payment Authorization Period: Start Date _____ End Date _____

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

If yes, please provide the **required** following information:

Federal Government Agency: _____

Source of these funds: ☐ Grant (complete section 2a) ☐ Contract (complete section 2b)

2a) Federal Grant:

Prime Award Number _____

CFDA (Catalog of Federal Domestic Assistance) Number _____

2b) Federal Contract:

Prime Contract Number _____

3) Project Period of Performance: Start Date _____ End Date _____

4) What is the maximum amount WHOI may bill? (US Dollars) _____

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

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Signature of Authorized Representative: _____

Date: _____