

Service Center Request Form

This approved form along with a Rate Calculation worksheet should be submitted to the **Cost Accounting Department** at Mail Stop 9602.

I am requesting (please select one):

- a new account for the establishment of a Service Center
OR
 a rate revision of an existing Service Center.

Fund Service Name: _____

Responsible Department: _____

Primary Contact Person: _____

Department Head: _____

Responsible Vice President: _____

Purpose & Description of Service Facility: _____

Expected Users: _____

User Base (e.g. Labor Hours or Units Completed): _____

Estimated Operating Costs: _____

Estimated Rate: _____

- Rate Calculation worksheet with Budgeted Revenues and Expenses attached.

Approvals:

Dean, Director, Dept Head _____ Date: _____

Vice President _____ Date: _____

Cost Accountant _____ Date: _____