

AUBURN UNIVERSITY
Request for Establishing a New Service Center

1. Service Center Name: _____
2. Affiliated Department: _____
3. Provide a detailed description of products or services to be rendered:

4. Describe the potential users of the service center. (e.g., specific departments, sponsored projects, students, external users, etc.)

5. List the employees who are included in the budget, detailing their function and salary with respect to this service center.

6. Attach a detailed budget of all annual costs associated with the service center and rates to be charged (*See Rate Development worksheet (SC 99-03)*).
7. Describe the usage base, or level of activity, to be used in the rate calculation (i.e. labor hours, units processed, etc.) and the estimated level of activity for the budget period.

8. Service Center Responsibility: (Service Center Manager)

Name	Position	Phone #
_____	_____	_____

9. Approval Signatures/Acceptance of operating and financial responsibility:

Service Center Manager _____
Typed Name _____

Department Head _____
Typed Name _____

Dean _____
Typed Name _____