



# VCU

## NEW SERVICE CENTER REQUEST FORM

Service Center Name: \_\_\_\_\_

Managing Department: \_\_\_\_\_

Service Center Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Service Center Manager Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of activities including products or services, including anticipated users:

\_\_\_\_\_

Describe billable units to be used in your rate calculation:

\_\_\_\_\_

Describe how records of usage will be accumulated and maintained:

\_\_\_\_\_

Describe the estimated/anticipated billing to federal awards:

\_\_\_\_\_

### Estimated budget summary for FY \_\_\_\_ budget:

Salary:

Fringe:

Materials and supplies:

Rental and leases:

Travel:

Professional services:

Other:

Less: subsidies, if any:

Total:

Estimated volume of activity: \_\_\_\_\_

Cost / Unit (Total divided by estimated volume of activity): \_\_\_\_\_

Proposed internal rate: \_\_\_\_\_ Proposed external rate: \_\_\_\_\_

***Department approvals needed:***

**Dean or Department Head:**

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Service Center Manager:**

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Department Fiscal Administrator:**

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please route final approval to Cost Analysis (Samsam Ali, email: [alis5@vcu.edu](mailto:alis5@vcu.edu))***

**Cost Analysis:**

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_