

REQUEST FOR APPROVAL OF SERVICE CENTER USER RATES

Date: _____

Unit Requesting Rate(s): _____

Brief Description of Rate(s): _____

Cost Collector (Cost Center and/or Internal Order): _____

Request is for: NOTE: Income must offset expenses

New Rate(s) Revision of Existing Rate(s) Rate Not Changing
(complete New User Rate section) (complete Existing User Rate section) (complete Existing User Rate section)

Request for New Service Center User Rate

Rate(s) proposed: _____ (If more than one rate, attach list)

Why is a new rate required? _____

Rate(s) will be charged to:

<input type="checkbox"/> Other PSU Departments	<input type="checkbox"/> PSU Faculty/Staff	<input type="checkbox"/> Students
<input type="checkbox"/> External Not-for-Profit Organization	<input type="checkbox"/> External For-Profit Organization	
<input type="checkbox"/> General Public	<input type="checkbox"/> Government Entities (includes charges directly to government grants or contracts and flow-through)	

Where will the work be performed: Building: _____ Room(s): _____

Will equipment be used: Yes No

If yes, list the tag numbers: _____

Are the rates based on: Actual Costs Market Rates (attach benchmarking)

NOTE: If rate will be charged to Government or Government Flow-Through, rate(s) must be based on actual costs.

Is this rate applicable to: UP Commonwealth Campuses College of Medicine All locations

If a waiver applies, attach approval of waiver _____

Request for Revision of Existing Service Center User Rate

What was/were the previous approved rate(s)? _____ (If more than one rate, attach list)

By what percent did the rate change? _____

Provide an explanation for increase/decrease: _____

Is this a Finance & Business area rate? Yes (must be approved by Senior VP for F&B) No

Did the rate(s) change more than 10% since the last rate approval? Yes No

If the answer to the above two questions are both no, the Financial Officer has the authority to approve.

Rate(s) will be charged to:

<input type="checkbox"/> Other PSU Departments	<input type="checkbox"/> PSU Faculty/Staff	<input type="checkbox"/> Students
<input type="checkbox"/> External Not-for-Profit Organization	<input type="checkbox"/> External For-Profit Organization	
<input type="checkbox"/> General Public	<input type="checkbox"/> Government Entities (includes charges directly to government grants or contracts and flow-through)	

Where will the work be performed: Building: _____ Room(s): _____

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Is this rate applicable to: UP Commonwealth Campuses College of Medicine All locations

If a waiver applies, attach approval of waiver _____

Approvals

Budget Administrator: _____	SIGNATURES:	Budget Administrator _____	Date: _____
Budget Executive: _____		Budget Executive _____	Date: _____
Financial Officer: _____		Financial Officer _____	Date: _____

Cost Analysis Approval: _____ Date: _____

For Finance & Business Rates Only:

Senior Vice President for Finance & Business _____

Senior Vice President for Finance & Business signature _____ Date: _____

To be completed by Cost Analysis: Date rate received: _____ Equipment tag number recorded (N/A for ARL): _____

Space coded as N/A/OIA? _____ Rate expiration date: _____