

Louisiana State University  
REQUEST FOR ESTABLISHING A NEW SERVICE CENTER/RECHARGE OPERATION

1. Service Center/Recharge Operation 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/recharge operation (e.g., specific departments, sponsored research 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/recharge operation:
6. Attach a detailed budget of all annual projected costs associated with the service center/recharge operation along with the rate(s) to be charged (See Rate Development Worksheet):
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. Identify all allocable space in which the service will be provided (be sure to list all buildings and rooms used by the service center/recharge operation):
9. Department/unit/college to be responsible for absorbing any deficit (under recovery) exceeding ten percent of the service center/recharge operation's gross annual expenses:

10. Service Center/recharge operation responsibility:

| <u>Name</u> | <u>Position</u>   | <u>Phone Number</u> |
|-------------|---|---------------------|
|             | Service Center/Recharge Operation Manager                 |                     |
|             | Service Center/Recharge Operation Fiscal/Business Officer |                     |

11. Justification of need to create a service center/recharge operation versus using existing internal or external vendors of this service:

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

|   | <u>Printed Name</u> | <u>Signature</u> | <u>Date</u> |
|---|---------------------|------------------|-------------|
| Service Center/Recharge Operation Manager | _____               | _____            | _____       |
| Department Chair or Equivalent            | _____               | _____            | _____       |
| Dean or Equivalent                        | _____               | _____            | _____       |
| Approved by Budget & Planning             | _____               | _____            | _____       |