

Appendix B

University of Delaware - Annual Service Center Rate Documentation Form					
** Please complete a separate rate sheet for each service offered within this service center **					
Service Center Name:				Date Completed:	
Purpose Code:		Fiscal year:		Business Officer:	
Department:			Service Center Manager:		
Service Centers - Service centers (or units) are University groups providing goods or services to other University groups for a fee. Service units must be able to demonstrate compliance with federal requirements, cannot use fee structures that discriminate between federal and non-federal sponsored activities, and can recover only their aggregate costs (based on actual usage).					
Prior year Classification (check one)					
<input type="checkbox"/> Recharge Center	<input type="checkbox"/> Minor Service Center		<input type="checkbox"/> Major Service Center (SSF)		
Annual operating expenses < \$20,000	Annual operating expenses > \$20,000 to < \$1,000,000 or involves the use of highly complex or specialized facilities		Annual operating expenses > \$1,000,000 or involves the use of highly complex or specialized facilities		
To be completed in conjunction with UD Finance Office.					
1. Revenue	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	Comments (if any)	
Internal Sources					
External Sources					
Subsidiary Funds					
Total Revenue	\$ -	\$ -	\$ -		
2. Expenditures	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	Comments (if any)	
Salaries and Fringe Benefits					
Materials and Supplies					
Maintenance and repair					
Equipment					
Rentals & Leases					
Travel					
Professional Fees					
Total Expenditures	\$ -	\$ -	\$ -		
3. Depreciation	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	Comments (if any)	
Depreciation					
4. Rate Development -	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	Comments (if any)	
Billable units					
Internal					
External					
Total Billable units	0.00	0.00	0.00		
Comments (if any)					
Billable Rate (Internal)					
Billable Rate (External)					
Net budget Surplus/(deficit)	\$ -	\$ -	\$ -		
Review and Approval by:					
Signature of SC/RC Director or Bus Off.			Signature of Manager, Cost Accounting		
Name:			Name:	Susan M. Bledsoe	
Date:			Date:		

