



BROWN

BROWN UNIVERSITY NEW SERVICE CENTER REQUEST FORM

Please complete this form and the Service Center Rate Form and submit them together to the Controller's Office at accounting@brown.edu at least 60 days prior to the anticipated commencement of the proposed operation.

1. Service center name

2. Initiating Cost Center

3. Service center contacts

Service Center Contacts	Name	Title/Position	Email Address	Phone #
Responsible Faculty Person				
Cost Center Manager				
Service Center Billing Contact				
Service Center Director/Manager				

4. Description of activities including products/services to be provided

5. Describe the billable units to be used in your rate calculation (i.e. hours of usage, no. of samples processed, etc.)

Instrument	Manufacturer/Model	Function	Year of Purchase	Asset Tag Number

10. List the members of the service center advisory committee and their department or institutional affiliation. Refer to Service Center Manual for details.

Name of Committee Member	Department Affiliation

11. Date of approval by service center advisory committee. Please explain if n/a.

12. Describe how service center records of usage will be accumulated and maintained. Examples of record keeping methods might include Workday, excel spreadsheets, databases, logbooks, machine logins, electronic calendars etc.

Approvals

Responsible Faculty Person

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Signature

Name	Title	Date

Business Unit Leader

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Signature

Name	Title	Date

Cost Center Manager

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Signature

Name	Title	Date

Cost Center Manager 2 (if applicable)

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Signature

Name	Title	Date

Service Center Director (if applicable)

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Signature

Name	Title	Date

Controller's Office

Signature

Name	Title	Date

Workday Worktags (to be completed upon Controller's Office approval)

Cost Center	
Program	