



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](mailto: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**

<b>Service Center Contacts</b>	<b>Name</b>	<b>Title/Position</b>	<b>Email Address</b>	<b>Phone #</b>
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.)**



**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**

--

**Signature**

Name	Title	Date

**Business Unit Leader**

--

**Signature**

Name	Title	Date

**Cost Center Manager**

--

**Signature**

Name	Title	Date

**Cost Center Manager 2 (if applicable)**

--

**Signature**

Name	Title	Date

**Service Center Director (if applicable)**

--

**Signature**

Name	Title	Date

**Controller's Office**

--

<b>Signature</b>
------------------

Name	Title	Date

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

<b>Cost Center</b>	
<b>Program</b>	