

UTAH STATE UNIVERSITY
NEW ACCOUNT REQUEST – **SERVICE DEPARTMENT** *

*Note: A service department is one which provides goods and/or services for other departments of the University and which makes a charge for such goods/services to recover costs.

1. Organizational affiliation of requested account:

College _____
Department _____
Banner Unit Code _____

2. Title of the Service Enterprise:

Title for account (limit to 30 characters): _____

3. Project number (if applicable): _____

4. Person responsible for account: Name: _____
Banner ID #: _____
Phone number: _____

5. Purpose of account and nature of service to be performed: _____

6. Who will be served: (indicate as appropriate)

a. _____ Colleges (identify) _____ Contracts and Grants
_____ Departments (identify) _____ Other (identify)

b. Estimated number of sales transactions annually _____

7. Is a similar service currently available in the area for prospective customers? Yes _____ No _____

If yes, where is service located and why is it not satisfactory? _____

8. Plan of organization:

Dean or Director _____
Manager or Coordinator _____
Accountant/Bookkeeper _____
Other (list all intended positions) _____

9. Briefly describe plan of operation – how service will be performed and how business operations will be managed i.e. purchasing, sales, cost accounting and reporting. (Attach supplemental schedules and applicable forms as necessary.)

10. Estimate annual costs which will remain constant regardless of sales volume (fixed costs).
Salaries \$ _____ Other (identify) \$ _____ Equipment Rental \$ _____

11. Identify costs which will vary according to sales volume (variable costs).

12. Anticipated annual sales revenue \$ _____

13. What will be the initial cash requirement for:
Equipment purchases \$ _____
Facilities (remodeling, etc.) \$ _____
Salaries, supplies and other operating costs prior to recovery from users via sales) accts. Receivable turnover)
\$ _____

14. Which college, department or other organizational unit will be primarily responsible to cover a fund balance deficit not recoverable through normal operations within a reasonable period of time.

15. Date account should be active: _____ Terminated (if known) _____

16. Person to receive financial reports (account addressee):
Name _____ Employee ID: _____ UMC _____

This request is initiated by:

_____	_____
Name	Signature
_____	_____
Title	Date Phone

Approved by:

_____	_____
Department Head or Director	Date
_____	_____
College Dean	Date

Research Office Approval: (only on service enterprises which are research related)

_____	_____
Vice President for Research	Date

Accounting Office Approval:

_____	_____
Director Accounting and Financial Reporting	Date