

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 \_\_\_\_\_  
Research Center \_\_\_\_\_

2. Title of the Service Enterprise:

Title for account (limit to 30 characters): \_\_\_\_\_

3. Project number (if applicable): \_\_\_\_\_

4. Person responsible for account: Name: \_\_\_\_\_  
Employee ID: \_\_\_\_\_

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 \_\_\_\_\_  
Manger 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).

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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.

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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

**Approved by:**

\_\_\_\_\_

Department Head or Director

\_\_\_\_\_

College Dean

**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