

SERVICE CENTER QUESTIONNAIRE

GENERAL ACCOUNTING
 WASHINGTON STATE UNIVERSITY
 FRENCH ADMINISTRATION 240
 PULLMAN, WA 99164-1025

See 30.15 for instructions.

GENERAL INFORMATION			
SERVICE CENTER NAME		SVC. CTR. ACCT. NO.	EQUIPMENT RESERVE ACCT. NO. (If applicable)
RESPONSIBLE INDIVIDUAL	DEPARTMENT	TELEPHONE	MAIL CODE
Do competitors exist outside the University? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, describe how the service center rates compare to market rates.		
Is a spreadsheet attached to calculate the service center rates? <input type="checkbox"/> YES <input type="checkbox"/> NO	If no, describe how the service center rates are calculated.		
Is there a potential for development of intellectual property under this service center? (If yes, this project should be established as a grant or contract through OGRD. See 30.15.) <input type="checkbox"/> YES <input type="checkbox"/> NO			

USER INFORMATION	
Does the service center provide services to certain users at discounted rates or free of charge? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, indicate which services and which user groups receive free service or discounted rates.
Does the service center include all users in the billing rate calculation, including those provided with services free of charge or at discounted rates? <input type="checkbox"/> YES <input type="checkbox"/> NO	

RATE DEVELOPMENT		
SOURCE OF START-UP (SEED) MONEY (Complete this field if reporting a new service center. Include account numbers and dollar amounts.)		
Has the service center established reserves to fund working capital? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, are these reserves funded with increases in current billing rates? <input type="checkbox"/> YES <input type="checkbox"/> NO	Size of reserves (Service center may reserve funds to cover up to two months of expenditures for working capital.) \$
Does the service center charge any of the costs related to operation activities to another account? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, include the account number(s) and a description of the costs.	Approximate cost amount for fiscal year \$
Does the service center use revenue from a service to fund activities unrelated to that specific service? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, explain.	

MONITORING AND RATE ADJUSTMENT	
MONITORING BILLINGS (REVENUES) (Select one.)	
<input type="checkbox"/> The service center compares billings to actual costs at least annually. <input type="checkbox"/> The service center compares billings to actual costs less frequently than annually. <input type="checkbox"/> The service center generally does not compare billings to costs.	
BASIS FOR MEASURING YEAR-END VARIANCES (i.e., surplus or deficit) (Select one.)	
<input type="checkbox"/> ACTUAL REVENUES AND COSTS. <input type="checkbox"/> IMPUTED REVENUES AND ACTUAL COSTS (Imputed revenues are defined as revenues based on a cost-based rate.) <input type="checkbox"/> OTHER (Explain:)	
HANDLING VARIANCES (Select all that apply.)	
<input type="checkbox"/> The service center credits or charges users for annual variances between billed and actual costs. <input type="checkbox"/> The service center carries variances forward as adjustments to billing rates of future periods. <input type="checkbox"/> The service center credits or charges annual variances to F&A costs.	

EQUIPMENT	
Does the service center recover equipment costs in the billing rates? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, indicate the method used to recover the equipment costs. NOTE: If purchasing new equipment with recharge revenues, the service center must establish an equipment reserve account. See 30.15. <div style="text-align: center;"> <input type="checkbox"/> EQUIPMENT DEPRECIATION <input type="checkbox"/> OTHER </div>
	If yes, provide a brief description of the capitalization threshold, useful life, and/or methodology.
Does the service center include equipment purchased with federal money? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, provide the account number(s) which supports the purchase of the equipment.
Does the service center include equipment maintenance contracts in billing rates? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, provide a schedule including information on the maintenance contracts, as well as description and inventory numbers for the equipment covered.

RESPONSIBLE INDIVIDUAL SIGNATURE	DATE
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**Attach a completed Service Center Application and a service center rate development spreadsheet.
Route both completed forms and the spreadsheet to General Accounting; mail code 1025.**