

RESEARCH FOUNDATION OF THE CITY UNIVERSITY OF NEW YORK

Service (Recharge) Center Registration and Renewal Form

Service Center Name: _____

PRSY (for RF use): _____

Location (Campus, Building & Room No.) _____

CUNY Department Name and CUNY First account no. _____

Description of products and/or services: _____

Will the Center have external customers? _____ Yes _____ No

Are you requesting that a new service center be established: _____ Yes _____ No

If *yes*, requested start date: _____

Also complete Service Center Rate Calculation template and attach after authorization by Department Chair and College Fiscal Officer.

If *no*, complete Surplus/Deficit and Service Center Rate Calculation templates for the current fiscal year and attach after authorization by Department Chair and College Fiscal Officer.

Template(s) Prepared by: _____

Title/Position: _____

Phone: _____ e-mail: _____

Facility Administrator: _____

Title/Position: _____

Phone: _____ e-mail: _____

Approval of Service Center and acceptance of operating and financial responsibility:

Dean/Dept. Chair: _____ Date: _____

Fiscal Officer: _____ Date: _____