

# Special Fees and Use Rate Justification and Calculation Form

## Justification for FY

Date: Department:

Instrument Name/Laboratory Name/Service:

Location (Building/Room):

Contact information: Name:

Phone:

Email:

Financial Manager:

Index originally charged when this instrument was purchased:

Is this the first rate you have proposed? Yes No

If no, provide index number for previously approved rate:

Previously approved rate \$:

Did or will your annual revenue exceed \$5,000? Yes No

If not, you may not qualify for a single Instrument/Laboratory/Service use rate.

Brief Description of the Instrument/Laboratory/Service:

If this is your first application for a use rate, describe the procedure used to estimate operational expenses and anticipated use.

Will you or do you use a per day/sample/hour/test or other basis for your rate? Please describe why the basis was chosen for the rate proposed.

Is there more than one staff/student's salary included in this rate request?      Yes      No

If yes, describe each individual's responsibilities with respect only to this Instrument/Lab/Service:

What form will the logbook take?      Notebook      Binder      Computer

Where will the logbook be located?

Where will the logbook records be kept for the 7-year period?

## Calculations for Use Rate - Use two years of data

	FY	FY	<b>Total</b>
NEW ACCOUNT			
R111 Revenue			
E200R Use Credits – Facilities/Equipment			
<b>Total Revenue</b>			
TXXXX Transfers In			
P006 Administrative & Professional S&W			
P007 Technical S&W			
P501 Graduate Students S&W			
P601 Undergraduate Students S&W			
P008 AFSCME S&W			
B000 Fringe Benefits			
E200 Services			
E300 Supplies			
E700 Travel			
XXXX Other			
<b>Total Expenses</b>			
<b>06/30 Balance</b>			<b>&lt;&lt;REQUIRED</b>
<b>Number of Units</b>			
<b>Unit of Measurement</b>			
Ending Balance			Total Expenses
5% Total Revenue			Excess of Allowable Balance
Excess of Allowable Balance			Net Expenses
Encumbrance			Total Units
			Calculated Rate

**CURRENT RATE**

**CALCULATED RATE**

**CHOSEN RATE**

**Signatures:**

Supervisor of Instrument/Laboratory/Service Date:

Department Head/Director/Chair Date:

Dean (for School/College) Date:

Vice President (as appropriate) Date:

Controller Date:

Notes:

1. The description should include the manufacturer, model and tag number of the equipment. Please include the universally recognized Instrument/Laboratory/Services name.

2. The Financial Manager of the use charge index assumes all financial responsibility.

3. Locate the original P.O. for the purchase, which would include the index(s). If necessary, contact the Property Office with the MTU tag number to locate the index number.

4. Use E496 (Use credits) YTD figure from your D98XXX report (FYGOR501B report).

5. The policy states that your annual revenue must exceed \$5,000 to qualify for a use rate. If not, a) you may elect to group Instrument/Laboratory/Services to achieve the \$5,000 threshold. Equipment may be grouped into a single rate if a sample/process passes through each piece of equipment in the group on a regular basis. Or, b) you may direct charge, supplies and technician salary to the users index.

6. How is the Instrument/Laboratory/Services used.

7. In addition to your estimate, please attach examples of use rates at other institutions for the same or similar Instrument/Laboratory/Service.

8. This person will be responsible for maintenance, repair or operation for the Instrument/Lab/Service in order to qualify for inclusion in the use rate. Effort related to other departmental activities may not be included in the rate calculation.

9. A logbook is mandatory if charging for Instrument/Laboratory/Services. Logbook entries are required for the specific Instrument/Laboratory/Service used, the users name, date of use, duration of use, index to be charged.

**FINAL INSTRUCTIONS**

1. **Print** all the pages.
2. **Save** the entire document in digital format.
3. Have the printed copy **signed** and returned to the Use Charge Committee.
4. **Email** the digital copy as an attachment to the Director of General and Auxiliary Fund Accounting: **slaajala@mtu.edu**

**Internal Use Only**

Approved Rate:

Units:

Date:

Date

Use Charge Committee Representative: