



## Recharge Center Application

Recharge Center Name: \_\_\_\_\_ Recharge Center Location: \_\_\_\_\_

Faculty Director Name: \_\_\_\_\_ Bus. Admin. Name: \_\_\_\_\_

Sponsoring Dept/Center: \_\_\_\_\_ Responsible Dept. ORG: \_\_\_\_\_

### Complete the Following:

What services will the recharge center provide?

How is this proposed recharge center related to the instructional, research or public service mission of the University?

What departments/entities will be using the recharge center?

Will services be provided to non-OU Norman investigators? If yes, what percentage of your sales do you anticipate being external?

What is the expected annual volume of usage (dollar amount and volume)?

On what unit of measurement will billing be established? (for example: hourly, per analysis, daily)

Will services be provided only by recharge center staff members? If not, what training is required for users of this core? Do you plan to charge for that training?

Is this service provided anywhere else on campus? If yes, please elaborate on the need for providing additional like services.

Is this service provided on the OUHSC Campus? If yes, please elaborate on the need for providing like services.

Is this service provided by a private sector entity? If yes, please elaborate on the need for providing like services. Please submit your price comparisons with your proposal.

**DEPARTMENT APPROVAL:**  
*By submitting this form the department agrees to the financial oversight of the Recharge Center to include the review of internal controls, invoicing, collections, account reconciliation, rate and annual financial statement preparation.*

Signature

Date

For SUAUX Use Only				
<input type="checkbox"/> Mission Statement	<input type="checkbox"/> Operating Policies	<input type="checkbox"/> Income Forecast	<input type="checkbox"/> Proposed Rates	<input type="checkbox"/> Rate Comparisons
Controller Staff Approval		Signature:		Date:
Senior Vice President Approval		Signature:		Date: