



Service Center Questionnaire

Complete this form for each service center.

Service Center Name: _____ Unreviewed Reviewed
Cost Center: _____ Reserve: _____

Operations Management:

Name: _____
Title: _____
Department: _____
Phone Number: _____
Email: _____

Business Center Contact:

Name: _____
Phone Number: _____
Email: _____

Completed By: _____ Date: _____

1. Has the purpose and/or nature of this service center changed over the past year? If so, please describe.

2. Are any new goods or services being offered? If yes, describe.

3. Did you bill any federal grants, contracts or pass-thru? YES NO
 - a. If yes, how much?

Less than \$10,000	Greater than \$10,000
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4. Did you charge depreciation on capital items? YES NO
5. If so, complete a "Depreciation Schedule".
6. Do you expect the service center's final fiscal year fund balance to exceed the allowable 15% threshold? YES NO
 - a. If yes, include the excess in your budget.

Submit this completed form with the following:

- b. Detailed Budget Schedule; see approved budget template at ([found here](#))
- c. Depreciation Schedule (if applicable) ([found here](#))

Direct all questions to Mitch Kaup 402-472-5613/mkaup4@unl.edu