# SERVICE CENTERS AND UNIVERSITY FEES

Business Day April 24<sup>th</sup> 2018

University at Buffalo Office of the Vice President for Finance and Administration



## **Overview**

- Determining Fee Type
- New Policies / Policy Updates
- Development and Approval Process
- New Forms for Rate/Fee Calculations
- Master Price List
- Contacts and Questions

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# DETERMINING FEE TYPE



## **Do I Need A Fee?**

- Regardless of funding source, ANY service provided or good sold on campus must have an approved fee on file.
- If units identify any source of revenue that does not currently have an approved rate on file, they need to reach out to Financial Management for assistance.
- SUNY's *Fees, Rentals, and Other Charges* Policy states:

In the event that a fee is imposed upon students without following the guidelines set forth within this policy, funds collected shall be refunded to the payee in full upon request made to the campus involved or by directive from System Administration. Requests for refunds must be made within three years of the collection of the fee.

 Making sure all rates are current and approved is imperative for a Centralized Accounts Receivable Function

## What Type of Fee Do I Need?

#### Service Centers

Provide a specific technical or administrative service that support the internal operating activities of the university. Examples include:

- Lab Analysis
- Print and Mail Services
- Instrumentation Shops
- Animal Care Facilities

#### University Fee

Have different levels of authority and fee types:

- Tuition and Broad-based
- Mandated fees; deposits, graduate application, late fees, etc.
- Campus-specific; Course lab fees, credit-bearing academic course, International student fees, etc.
- Campus-authorized; Residence hall, board plans, parking, career services, etc.
- Educational Development Coming Soon
- **Department Events** Coming Soon (Currently follow the University Fee Process)
  - Workshops
  - Conferences
  - Orientations

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# NEW POLICIES/ POLICY UPDATES



## Status of New Policies/Policy Updates

- Financial Management of Service Centers Policy: Policy Library
- Financial Management of University Fees Policy: Legal Review
- Financial Management of Educational Development Policy: Coming Soon...
- Financial Management of Department Events Policy: Coming Soon...

### *Financial Management of Service Centers* Policy

#### HIGHLIGHTS

- Equipment Depreciation/ Equipment Expense
  - \$1 \$999: Expense the total cost in the year purchased
  - \$1,000-\$4,999: Expense the cost over a three year period
  - >\$5,000: Depreciated over useful life
- For centers who sell from inventory:
  - A physical inventory should be completed at least annually and reconciled to the inventory records by completing an inventory settlement.
- Service centers receiving payments should ensure that the appropriate segregation of duties is maintained to safeguard the funds and the university's reputation as required by the <u>Safeguarding</u> Cash and Cash Equivalents Policy
- List of acceptable payment types
  - Internal User –IDI, eReq, Revenue Transfer, Campus Cash, ePay
  - **External User** Wire Transfer/ACH, Electronic Payment (ePay, UBF Checkout), Paper Check, Credit Card (requires prior approval).



See

Policy

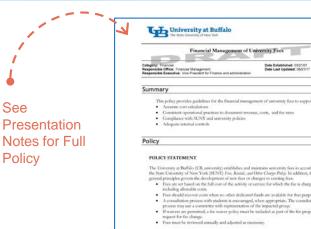
Presentation

Notes for Full

# *Financial Management of University Fees* Policy

HIGHLIGHTS

- Allowable Costs
  - Administrative staff salaries, wages and fringe benefits
  - Materials and supplies specific to the course that result in a tangible product retained by the student in a credit course, where a special service is provided or that entail extraordinary costs
  - Equipment expense, depreciation and maintenance
  - Food and lodging directly related to students
- Unallowable Costs
  - Faculty travel, lodging, food, and beverages
  - Consumables used for multiple courses
  - Equipment and maintenance for multiple instructional purposes, unless the cost is identified as a percentage for each course
  - Materials and supplies expected to be covered in regular instructional budget •
  - Goods or services for personal use by employees



Fees and Level of Authority

evel of Authority SUNY Board of Trustees Authorized Fees and Charges Tuition Student activity fees International Health Insurance fees Admission deposite

Date Established: Date Last Updated

# *Financial Management of University Fees* Policy

HIGHLIGHTS

- University fee rates must be developed so that revenues offset costs over a defined time period. A surplus is not allowed for fees charged to students. Fee rates charged to external users may include a markup.
- Campus specific fees, charges, or deposits are to be administered through an Income Fund Reimbursable (IFR) account, State University Tuition Reimbursable (SUTRA) account or under particular circumstances and with prior approval from Financial Management with a University affiliate.
- List of acceptable payment types
  - Internal User Student billing, Campus Cash, IDI's, ePay, eReq, Revenue Transfer
  - **External User** Wire Transfer/ACH, Electronic Payment (ePay, UBF Checkout), Paper Check, Credit Card (requires prior approval).

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# DEVELOPMENT AND APPROVAL PROCESS

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## **Development and Approval Process**

#### Development Process

- 1. Reach out to Financial Management to complete initial questionnaire
- 2. Financial Management in collaboration with the department completes calculations and provides worksheets for review
- 3. Work with managers to finalize rate calculations
- 4. Once calculations are agreed upon (Managers, Financial Management) the approval process can begin

#### Approval Routing Process

- 1. Financial Management
- 2. Departmental (Manager, Department Chair, Unit Business Officer)
- 3. University Controller
- 4. Provost Designee
- 5. SUNY (If applicable)

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# NEW FORMS FOR RATE/FEE CALCULATIONS



# New Service Center Rates/ Financial Management has developed new standardized questionnaires for service centers and university fees

Name of Service Center;       Name of Service Center         What do you want to do?       Select         Department of Service Center       V/Decentit         Service Center Manager Name:       Address:         Service Center Manager Name:       Address:         Service Center Nanger Name:       Address:         Department of Service Center Name:       Address:         Service Center Nanger Name:       Address:         Deception of Products of Service Center Name       Deception of Products of Service Center Name         Deception of Products of Service Center Name       Deception of Products of Service Center Name         Deception of Products of Service Center Name       Deception of Products of Service Center Name         Deception of Products of Service Center Name       Deception of Products of Service Center Name         Deception of Products of Service Center Name       Deception of Products of Service Center Name         Deception of Products of Service Center Name       Decemption of Products of Service Center Name         Deception of Products of Service Center Name       Decemption of Products of Service Center Name         Decemption of Products of Service Center Name       Decemption of Products of Service Center Name         Address of Service Center Name       Decemption of Products of Service Center Name         Account Type / Number(s)       Decemption of Products of Ser			Service Cent	ty at Buffalo er Questionnaire ement of Service Centers P	olicy			
Contact Matematical       Department of Service Center         Service Center Manager Nume:		Name of Service Center:		Name of Ser	vice Center			
Contact Matematical       Department of Service Center         Service Center Manager Nume:		What do you want to do?		Sele	ct			
Department of Service Center       W/Decasal:         Service Center Manager Nume:       Address:         Telephone Numes:       Address:         Leastion of Service Center:       Exact Service Center:         December Service Center:       Exact Service Ser		-					_	
Service Center Manager Name:       Address:         Telephone Number:       Address:         Leastin of Service Center:       Address:         Maintenance Center:       Description of Nervice Center: Name the Inservide Management of Service Center Noise         Description of Nervice Center:       Image: Service Center:         Maintenance       Image: Service Center: Service         Maintenance       Image: Service Center:         Maintenance       Image: Service Center: Service         Maintenance       Image: Service         Maintenance       Image: Service         Maintenance       Image: Service         Maintenance       Image: Service         Maintenance <td></td> <td></td> <td></td> <td>VP/Decanal:</td> <td></td> <td></td> <td></td>				VP/Decanal:				
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		Users of the Services (Select all that Apply):	UB Aniverthers	Enternal     Enternal	Induity:			
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Equipment Description	Asset Num Applical		Purch	ase Order	Date Purchased		Equipment Cost			
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Maintenance: Provide a list of	Maintenance exper	nditure				_				
Description of Expense				Date	Purchase Order		Cost			
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			MM/DD/TTY			\$				
			MM/DD/YYY			5				
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Materials and Supplies (Consu	umables): Provide a	list of	all materials	and supplies th	at are directly in	IVO	wed with the service			
center: Description of Expense	Related Service		ge Rate (i.e.	Account	Purchase Order		Cost			
		Mont	hly, Annually)	Number		<				
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Other Expenses: Provide a list	of any other expens	es incl	uded in the :							
Description of Expense	Related Service	Usa	ge Rate (i.e. hly, Annually)	Account	Purchase Order		Cost			
Description of Depense		Mont	niy, Annualiy)	Number		5				
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Subsidies: Provide a list of sub	eldles provided to th		ice conter							
Subsidies: Provide a list of sub	sibles provided to b	ie serv	nce center.		Account					
Description of Subsidy		Тур	e of Subsidy	<b>Related Service</b>	Number of		Amount of Subsidy			
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Unit of Measure (UOM) (Pleas	o uro odditional ch	ant lak	M nocoscand							
onit of Measure (oowi) (Pleas	se use additional sh	eertsi	ii necessary)							
Provide annual units (estimate	ed or Prior year's ac	tual) f	or each of th	e services prov JOM) (Le. Hours,	ided by service	Ce	nter			
Description of Service		Um		ound)	cach,		Annual Units			
Description of Service Service 1			Pound) Ex.			_	100.0			
Service 2			Hour				1,200.0			
Service 3			Month				12.00			
Service 4			fest				500.0			
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			_			-	0.0			

## Office of the Vice President for Finance and Administration

### New Service Center Rate Calculation

These standardized calculations will provide service center leadership with a true cost breakdown for the services, including subsidies, so that the service centers remain sustainable

#### A. Summary By Component Pro Forma

- B. Price List (Next Slide)
- C. Detailed Calculation (Slide X)

#### Service Center: Summary by Component and Pro Forma

Component Cost:	S	ervice 1	% of Costs	Ser	vice 2	% of Costs
Labor		500.00	<b>87.8</b> %		14.58	89.0%
Capitalized Equipment		20.97	3.7%		101	0.0%
Equipment (Not Capitalized)		13.54	2.4%		141	0.0%
Maintenance		8.75	1.5%		0.62	3.8%
Supplies		26.39	4.6%		0.73	4.4%
Other Expenses		-	0.0%		0.46	2.8%
Total Internal Cost Per UOM	\$	569.65	100%	\$	16.39	100%
Less: Subsidized Labor	\$	(169.65)	-29.8%	\$	1	0.0%
Less: Additional Subsidies	\$	-	0.0%	\$	1	0.0%
Net Internal Rate per UOM	\$	400.00		\$	16.39	
UOM	Ea.			Hour		
Prior Rate (DATE APPROVED)						
Increase (Decrease)						
% Increase (Decrease)						

	1							Percentage of Total
Annualized Pro forma							Totals	Costs
Annual Units	-	100		1200				
Unit of Measure (UOM)		Ea.		Hour				
Internal Rate per UOM		400.00		16.39				
Total Revenue	\$	39,999.60		\$ 19,668.00			\$ 59,667.60	
Expenses:								
Labor		50,000.00		17,500.00		(67,500.00)		88.1%
Equipment depreciation		2,096.60		-		(2,096.60)		2.7%
Equipment expense		1,354.00		-		(1,354.00)		1.8%
Maintenance		875.00		745.00		(1,620.00)		2.1%
Supplies		2,639.00		875.00		(3,514.00)		4.6%
Other Expenses			-	548.00	•	(548.00)		
Total Expenses	\$	56,964.60		\$ 19,668.00			\$ (76,632.60)	
Subsidized Labor (Acct: )	s	(16,965.00)		-		16,965.00		-22.1%
Subsidized OTPS (Acct )	\$	2 A 1		-				0.00%
Total Subsidies		(16,965.00)	-		4		\$ 16,965.00	
Net Contribution							\$-	

### **New Service Center Rate Calculation**

В

Service Center: Name of Service Center Rate List effective: \_\_\_\_\_2018

Instrument/Service	Unit of Measure (UOM)	Int	ernal Rate <sup>1</sup>	Int	ernal + GUSF <sup>2</sup>	External Rate <sup>3</sup>
Service 1	Ea.	\$	569.65	\$	459.77	\$ 675.00
Service 2	Hour	\$	16.39	\$	18.84	\$ 20.00

<sup>1</sup><u>Internal Rate = (Cost - Subsidies)</u>: Internal users include academic, research, administrative, and auxiliary units whose originating source of funds is within or flows through the university. This includes state, RF, UBF, and Faculty Student Association (FSA) funds.

<sup>2</sup> Internal Rate + GUSF = (Internal Rate + GUSF): To be charged to internal customers paying with another form of payment (i.e. Wire Transfer, ACH, Electronic Payment, Paper Check or Credit Card (with prior approval)).

<sup>3</sup> External Rate = (Cost + GUSF + Markup): External users are individuals or organizations whose originating source of funds is outside the university. External users include faculty and staff acting in a personal capacity. Affiliated hospitals and other universities are external users unless the university has subcontracted with them as part of a grant or contract, in which case they are an internal user.

- A. Summary By Component
  - Pro Forma (Previous Slide)
- **B. Price List**
- C. Detailed Calculation (Next Slide)

## Office of the Vice President for Finance and Administration

C

# New Service Center Rate Calculation

- A. Summary By Component Pro Forma (Slide X)
- B. Price List (Previous Slide)
- **C. Detailed Calculation**

			Detailed Co	st Calculation (Ann	iuanzeu)			
nstrument / Service:						Service 1	Service 2	Total
Unit of Measure (UOM)						Ea.	Hour	
Annual Units						100.00	1,200.00	
Labor	Hours	% Time Alloc.	Account #	Annual Salary	Annual Fringe			
Employee 1	libers	100%	9000010000	50,000.00	-	50,000.00		50,000.00
improved x		10070	000077-XXXXX-	50,000100		50,000100		50,00010
Employee 2		50%	1	25,000.00	10,000.00		17,500.00	17,500.00
					Labor expense	50,000.00	17,500.00	67,500.00
				Total Labor exp	ense per UOM	500.00	14.58	
		Purchased	Useful Life		Depreciated			
Equipment Depreciation	Asset Number	Date	(Years)	Purchase Price	through:			
	03X	7/1/2016	10	10,000	7/1/2026	1,000.00	141	1,000.00
		8/10/2017	5	5,483	8/10/2022	1,096.60		1,096.60
								~
				Total Equipmen		2,096.60		2,096.60
			Total	Equipment Depreci	ation Per UOM	20.97		
	· · · · ·				Expensed			
Equipment (Not Capitalized)			PÓ #	Purchased Date	through:			
	-		101	Contractor parts	anough	1354	1	1,354.00
								×,000 /100
				Total Equip	ment expense	1,354.00	540	1,354.00
				Total Equipment exp		13.54		
Maintenance Annual Service Contracts			PO #	Vendor	Source	875.00	745.00	1,620.00
Annual Service Contracts					<b>├</b>	875.00	745.00	1,620.00
	-			Total Mainter	ance expense	875.00	745.00	1,620.00
			То	tal Maintenance exp		8.75	0.62	,
	-							
Supplies	-			Vendor	Source	205		200 00
Wipes Safety Glasses	-					286		286.00
Paper					<b>├</b>	1785	875.00	2,660.00
rapei	_			Total Su	pplies expense	2,639.00	875.00	3,514.00
				Total Supplies exp		26.39	0.73	5,514.00
Other Expenses				Vendor	Source			
Conference Travel	-						548.00	548.00
							548.00	548.00
				Total Other expo	Other expenses		0.46	548.00
				Total Other expt	enses per oom	-	0.40	
Grand Total Costs						56,964.60	\$ 19,668.00 \$	76,632,60
								,
Total Internal Cost Per UOM						\$ 569.65	\$ 16.39	
tore forbuilding distance						inco cont	A	
Less: Subsidized Labor Less: Additional Subsidies						(169.65)	s -	
cess, Auditional Subsidies								
Net Internal Rate per UOM						\$ 400.00	s 16.39	
GUSF (13%)						5 59.77	5 2.45	
Internal Rate + GUSF							5 18.84	
Markup Percentage					_	3.09%	6.16%	
External Rate Per UOM						675.00	S 20.00	

University at Buffalo Office of the Vice President for Finance and Administration

A. Detailed Calculation

B. Inventory Settlement (Next Slide)

### **Service Centers Selling from Inventory**

A

									Detail	d Cost Calculation	(Annualized)							
#	Material Name	Unit of Measure (UOM)	Estimated Annual Units	Cost per UOM	Description	Vendor	Source	Annual Costs	Loss percenta (3%)	e Grand Total Costs	Internal Cost Rate Per UOM	Labor Subsidies	Additional Subsidies	Net Internal Price Per UOM	GUSF (13%)	Internal Cost Rate + GUSF per UOM	Markup Percentage	Externa Rate Pe UOM
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University at Buffalo Office of the Vice President for Finance and Administration

> A. Detailed Calculation (Previous Slide) B. Inventory Settlement

### **Service Centers Selling from Inventory**

В

			Date	Pe	eriod		Date	Difference	den at		
Material	UOM	Cost per UOM	Beginning Physical Inventory	Purchases	Sales	Calculated Ending Inventory	Physical Ending	= Calculated Ending Inventory - Physical Ending Inventory	Reason for Difference	Inventory Valuation	Cost of Goods Sol
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## Office of the Vice President for Finance and Administration

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### New University Fee Calculation form

- A: University Fee form
- **B: SUNY form**

В

- **C: Detailed Calculation**
- D: Summary by Component & Pro Forma

VP/Decanal:	Test VP Decanal		
Department Contact:	Test Contact	Address:	Test Address
Phone Number:	716 645 0232	E-Mail Address:	Test Email
About University Fee:			
Fee Description:		Testing descrip	tion
Fee is Charged to: (select		Unit of Measure: (se	lect
rom drop down)	Students	5,000 from drop down)	Other
If other, please explain			(explain, please include estimated fee population per year)
ncrease to an existing fee; c	urrent fee rate is: \$	20.00	
Requested Fee Rate	\$25		
	(as per attached rate calculations shee	t, please clearly indicate if this is per sem	vester, per year, or per credit hour)
SUNY Approval Required	Please check box for SUNY Approval		
Fee Billing/Collection of Reve	enue		
Fee Invoicing:	Student Billing	Fee Effective:	Fall 2017
			(semester/fiscal year)
Fee Revenue Account #	2	Funding Source:	
Account Description			
Account Description			
	(If fee revenue is new it is	to be deposited to a new IFR.	
OR	account, please complete the n	ew account request at the link al	bove IFR New Account request
OR			
oк What type of student consul	tation took place for this fe	e:	

		of New York				Please return t	to Campus Analyst	
Academic (	Cours	e / Other Fee Budget Te	mplat	8				31-Aug-1
Campus Na	ame:			University @	Buffalo			
	0		C	nt Amount	0	0	Percent	
	0	C	Currer		Requested			
Course ID:	0	Course Name:		FY2016-7	Change	FY2017-8	Change	
Fee Name	U		\$	20.00	\$25.00	\$25.00	25.00%	
Check One:		lew Fee	I∏ (ha	nge to Existing P	ine.	Additional Section	of Existing Course	
			100	de se caso d :			c bing divis	
Effective seme	ster or	date for change:		0		Department:	0.00%	
Date of last ap	proval:							
Note: Please	attach	course description with fee r	equest					
				NET RE	VENUE			
			_	Current	Proposed	Percent		
		Number of Students		Fee	Fee	Change	Total	
		Contract of Schooling		1.55	1.55	Strange	1000	
		5,000		\$20.00	\$25.00	25.00%	\$125,000.00	
		Less: Overhead			Rate:	13.00%	(\$16,250.00)	
		Net Revenue					\$108,750.00	
				EXPEND	ITURES			
		Personal Service (describe pos	itions)	** Do	Not Include I	nstructional Staff		
		Personal Service Regular					42,102.50	
		Personal Service Temp					\$ 4.210.25	
		Total Personal Service					\$46,312.75	
		Fringe Benefit Cost			Rate:	61.48%	\$28,473.00	
		Student Salaries					\$ 842.05	
		Total Salaries and Benefits					\$75,627.80	
		OTPS (insert lines as needed)						
		Course Supplies					12,000.00	
		Laboratory/Other Materials					750.00	
		Transportation					500.00	
		Food & Lodging (Travel)					8,000.00	
		Equipment (including rental)					#VALUE!	
		Certification						
		Contractual Services					10,000.00	
		Other (identify)					200.00	

	Detai	ed Cost Calculation	(Annualized	d)			
Instrument / Service:							Fee Name
Unit of Measure (UOM)							Each
Annual Units							12,293
Labor		% Time Alloc	Account #	Annual Salary	Annual Fringe	Fringe Exp	
Employee 1		50%		\$ 62,337.6	37%	\$11,532,46	\$ 26,246.33
Employee 2		75%		\$ 35,505.6	0 37%	\$ 9,852.80	\$ 22,423.65
Employee 3		90%		\$ 33,945.6	37%	\$11,303.88	\$ 25,726.13
Employee 4		90%		\$ 31,240.6	0 37%	\$10,403.12	\$ 23,676.11
Employee 5		10%		\$ 104,080.0	8 37%	\$ 3,850.95	\$ 8,764.28
Employee 6		25%		\$ 64,025.2	6 37%	\$ 5,922.34	\$ 13,478.45
				Teta	l Labor expense		120,314.95
				Total Labor e	pense per UOM		9.79
		Purchased	Useful Life		Depreciated		
Equipment Depreciation	Asset Number	Date	(Years)	Purchase Price	through:		
Printer			3	7,88	0		\$ 2,625.60
Larrination Module			3	7,93	B		\$ 2,646.08
Installation			3	3,05	8		\$ 1,019.29
*Printer Module (5@\$996)			1	3,06	1		\$ 3,060.96
*Card Reader (3@\$325)			1	59	9		\$ 599.28
*Webcams (4@\$480)			1	1,18	0		\$ 1,180.13
*Need invoices to verify corre	ect equipment costs						11,132.34
			Total	Equipment Depres	iation Per UOM		0.91

Component Cost:	Fee Name	Unit %	
Labor	9.79	64.5%	
Capitalized Equipment	0.91	6.0%	
Maintenance	0.04	0.2%	
Supplies	4.05	26.7%	
Material Loss	0.39	2.6%	
Total Cost Per UOM	15.17	100%	
UOM	Each		
Annualized Pro forma			
Annual Units	12293		
Unit of Measure (UOM)	Each		
Internal Price (at cost) per UOM	15.17		
Total Revenue:	186,448.52		
GUSF (13%)	(24,238.31)		162,210.21
Expenses:			
Labor	120,314.95	(120,314.95)	
Equipment depreciation	11,132.34	(11,132.34)	
Maintenance	437.63	(437.63)	
Supplies	49,744.74	(49,744.74)	
Material Loss	4,818.86	(4,818.86)	
Total Expenses	186,448.52	(186,448.52)	(186,448.52

University at Buffalo Office of the Vice President for Finance and Administration

### **University Fee - Cover**

	1	University	at Buffalo	
	Universit	v Fee Deve	lopment Covershee	t
			more information	
Name of University Fee:			Enter Fee M	Name
Fee Type: (select from drop down)	New University Fee			
	Fee will continue to	be assessed	until eliminated	
Check all terms that fee shou	uld be assessed			
✓ FALL 2018	SPRING 2	018	SUMMER 20XX	WINTER 2017
Term Implemented/ Calendar Year	Term Implemented/ Calendar Year	r	Term Implemented/ Calendar Year	Term Implemented/ Calendar Year
Calendar Tear		oce the Annu	al Fee Process Calendar	for Due Dates
Contact Information				
Department of University Fe	<u>.</u>	Enter Depar	tment Name	
VP/Decanal:	Enter VP/Decanal	Enter Depar	unent Name	
Department Contact:	Contact		Address:	Address
Phone Number:	Phone #		E-Mail Address:	email
About University Fee:			_	
Fee Description:			Provide description of	the fee
Fee is Charged to: (select			Unit of Measure: (select	
from drop down)	Students	1	from drop down)	Term/Semester 1
If other, please explain			_	(estimated # of semester's charged per year)
		\$ 5,000.00		
Requested Fee Rate	\$7,000.00			
	(as per attached rate calculat	tions sheet, please o	learly indicate if this is per semeste	r, per year, or per credit hour)
SUNY Approval Required	Please check box for			
Sold Approval Required	SUNY Approval			
Fee Billing/Collection of Rev	enue			
Fee Invoicing:	ePay		Fee Effective:	Fall 2018
	-			(semester/fiscal year)
Fee Revenue Account #	Enter IFF	R #	Funding Source:	IFR
Account Description			Enter Account Descri	ption
	(If fee normanic news)	it is to be depos	ited to a new IFR account.	
OR		-	uest at the link above and	IFR New Account request
What type of student concul		-		
What type of student consul	tation took place for	this ree:		
Is there a waiver policy for t	his fee:	YES	NO NO	
Who is responsible for waivi	ng the fee?			
Please explain the waiver po	licy:			
Is there a refund policy for the	his fee?	YES	✓ NO	
Please explain the refund po	licy:			
	-			
Justification for Submission:				
Provide justification for subm	ission of new or incr	eased/decrea	ased fee	

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University at Buffalo Office of the Vice President for Finance and Administration Ъ

### **University Fee – SUNY Form**

addemic Course / Other Fee Budget Template       9-Ap         impuse Name:       University @ Buffalo         uses ID;       Course Mame       Course Mame       Proposed       Percent         Addemic Course / Addemic S       S000.00       \$0.00       \$7,000.00       40.00%         ekk One:       I we fee       I dudge to Exating Fee       I Addemic Section of Existing Course       Enter Pee Name       Enter Department:       Name         ective semester or date for change:       Fail 2018       Department:       Name       Enter Department       Name         ter of last approval:       Fail 2018       Department:       Name       Enter Department       Name         ter of last approval:       Fail 2018       Department:       Name       Source       Source         Less: Overhead       1       Source       Fail       Source       Sou	ate University of New York		Ple	ease return to	Campus Analyst	
urse_ID:       Course Name:       FY2017-18       Change       FY2017-8       Change       FY2017-8       Change       Change         e Name       Enter Fee Name       \$ 5,000.00       \$ 0.00       \$ 7,000.00       40.00%         eck One:       Item Fee       Item Fe		University @	Buffalo			9-Apr-18
e Name       Enter Fee Name       \$ 5,000.00       \$ 0.00       \$ 7,000.00       40.0%         eck One:       I hew Fee       I definition Generation       Inter Department:       Inter Department:       Inter Department:       Name         eck One:       I hew Fee       I definition Generation       Department:       Inter Department:       Name         etc: Please attach course description with fee request       Inter REVENUE       Department:       Inter REVENUE         Less:       Overhead       1       \$5,000.00       \$7,000.00       40.00%,       \$7,000.00         Number of Students       I is 5,000.00       \$7,000.00       \$10.00%,       \$7,000.00       \$7,000.00         Less:       Overhead       1       \$5,000.00       \$7,000.00,       40.00%,       \$7,000.00         Net Revenue       1       \$5,000.00       \$7,000.00,       \$10.00%,       \$5,000.00         Personal Service Gengular       -       -       -       -       -         Personal Service Temp       -       -       -       -       -         Other (denthy)       -       -       -       -       -       -         Course Supplies       -       -       -       -       -       -	Enter Fee Name	Current Amount	Requested	Proposed	Percent	
eck One:       I New Fee       I Ohinge to Existing Fee       Additional Section of Existing Course         ecdive semester or date for change:       Fall 2013       Department:       Inter Department         te of last approval:       Fall 2013       Department:       Inter Department         te of last approval:       Fall 2013       Department:       Inter Department         te of last approval:       Inter Revenue       Personal       Total         te of last approval:       1       \$5,000,00       \$7,000,00       \$6,000,00         Less: Overhead       1       \$5,000,00       \$7,000,00       \$6,000,00         Net Revenue       EXPENDITURES       \$6,000,00       \$6,000,00         Personal Service (describe positions)       Rate:       \$1,400,50       \$6,000         OTPS (insert lines as needed)       \$2,000       \$0,000       \$2,000       \$2,000         OTPS (insert lines as needed)	urse ID: Course Name:	FY2017-18	Change	FY2017-8	Change	
cellwe servester or date for change:	Name Enter Fee Name	\$ 5,000.00	\$0.00	\$7,000.00	40.00%	
Performance       Name         Net Revenue         Resonal Service Regular         Personal Service Regular         Solution         Solution         Solution         Solution         Solution         Solution         Solution         Solution       Solutis </td <td>eck One: New Fee Change to Existing Fee</td> <td>Additional Secti</td> <td>ion of Existing Course</td> <td></td> <td></td> <td></td>	eck One: New Fee Change to Existing Fee	Additional Secti	ion of Existing Course			
NET REVENUE           Number of Students         Current         Proposed         Percent           Less: Overhead         1         \$5,000.00         \$7,000.00         \$40.00%         \$7,000.00           Net Revenue         1         \$5,000.00         \$7,000.00         \$6,090.00         \$6,090.00           Personal Service (describe positions)         ************************************		Fall 2018	De			
Number of Students         Current         Proposed         Percent           Less: Overhead Met Revenue         1         \$5,000.00         \$7,000.00         40.00% Rate:         \$7,000.00           Personal Service (describe positions) Personal Service Regular Personal Service Regular Student Salaries         ** Do Not Include Instructional Staff ** \$ 0.00           Total Personal Service Regular Personal Service Regular Total Salaries and Benefits Total Salaries as needed) Course Supplies Laborator/Other Materials Laborator/Other Materials Laborator/Other Materials Laborator/Other Materials So.00         *           OTPS (insert lines as needed) Course Supplies Contractual Services Other (including rental) Certification Contractual Services Other (identify) Total OTPS Net Surplus         \$ 0.00           Net Surplus         \$ 0.00           Net Surplus         \$ 0.00           Net Surplus         \$ 6,090.00           R account where fee is deposited #: rent account balance \$ 0.00         \$ \$ 0.00           S account where fee is deposited #: rent account balance \$ 0.00         \$ \$ 0.00	e: Please attach course description with fee request					
Number of Students       Fee       Fee       Change       Total         Less: Overhead Net Revenue       1       \$5,000.00       \$7,000.00       \$40.00%       \$7,000.00         Rate:       13.00%       \$510.001       \$500.00       \$57,000.00       \$57,000.00         Personal Service (describe positions)       ** Do Not Include Instructional Staff **       \$       \$         Personal Service Temp Total Personal Service Temp Total Personal Service Temp Total Staintes and Benefits       *       \$       \$         OTPS (insert lines as needed) Course Supplies       Rate:       \$1.43%       \$0.00       \$         OTPS (insert lines as needed) Course Supplies       -       -       -       -         Course Supplies       -       -       -       -       -         Laboratory/Other Materials       -						
Less: Overhead Met Revenue       Rate:       13.00%       (§910.00) \$6,090.00         Met Revenue       EXPENDITURES         Personal Service Regular Personal Service Temp       ** Do Not Include Instructional Staff ** Personal Service Temp       \$         Total Personal Service Temp       \$       \$0.00         Student Salaries       \$       \$0.00         OTPS (insert lines as needed)       \$       \$0.00         Course Supplies       \$       \$         Laboratory/Other Materials       \$       \$         Transportation       \$       \$         Food & Lodging (Travel)       \$       \$         Certification       \$       \$         Contractual Services       \$       \$         Other (identify)       \$       \$         Total Expenditures       \$       \$         Account Where fee is deposited #:       Enter IFR #       Account Title: Enter Account Description         rent account balance \$       \$       \$       \$         Stee meets the following criteria (please check appropriate box and explain in	Number of Students				Total	
Personal Service (describe positions)       ** Do Not Include Instructional Staff **         Personal Service Reputar       \$         Total Personal Service       \$ 0.00         Fringe Benefit Cost       Rate: <u>61.48%</u> Student Salaries       \$ 0.00         Total Salaries and Benefits       \$ 0.00         OTPS (insert lines as needed)       \$ 0.00         Course Supplies       -         Laboratory/Other Materials       -         Transportation       -         Finge Benefit Cost       -         OTPS (insert lines as needed)       -         Course Supplies       -         Laboratory/Other Materials       -         Transportation       -         Fequipment (including rental)       -         Contractual Services       -         Other (identify)       -         Other (identify)       -         Total OTPS       \$0.00         Net Surplus       \$ 0.00         Net Surplus       \$ 0.00         R account where fee is deposited #:       Enter IFR #       Account Title: Enter Account Description         rrent account balance \$       \$ 0.00       -       -         S 0.00       -       -	Less: Overhead	1 \$5,000.00			(\$910.00)	
Personal Service Regular		EXPENDITURES				
OTPS (insert lines as needed)       -         Course Supplies       -         Laboratory/Other Materials       -         Transportation       -         Food & Lodging (Travel)       -         Equipment (including rental)       -         Certification       -         Contractual Services       -         Other (identify)       -         Other (identify)       \$0.00         Total OTPS       \$0.00         Rescount where fee is deposited #:       Enter IFR #       Account Title: Enter Account Description         R account balance \$       \$0.00       \$0.00         s fee meets the following criteria (please check appropriate box and explain in more detail below):       Supplies	Personal Service Regular Personal Service Temp Total Personal Service Fringe Benefit Cost	** Do			\$0.00 \$ _	
Laboratory/Other Materials       -         Transportation       -         Food & Lodging (Travel)       -         Equipment (including rental)       -         Certification       -         Contractual Services       -         Other (identify)       \$0.00         Total Expenditures       \$0.00         Net Surplus       \$0.00         Net Surplus       \$6,090.00         R account where fee is deposited #:       Enter IFR #       Account Title: Enter Account Description         rent account balance \$       \$0.00       \$0.00         s fee meets the following criteria (please check appropriate box and explain in more detail below):       Source	OTPS (insert lines as needed)				\$0.00	
Certification       -         Contractual Services       -         Other (identify)       \$0.00         Other (identify)       \$0.00         Total OTPS       \$0.00         Total Expenditures       \$0.00         Net Surplus (NET REVENUE MINUS EXPENDITURES)         Net Surplus       \$6,090.00         R account where fee is deposited #:       Enter IFR #       Account Title: Enter Account Description         rrent account balance \$       \$0.00       \$0.00         s fee meets the following criteria (please check appropriate box and explain in more detail below):       \$	Laboratory/Other Materials Transportation					
Other (identify) Total OTPS       \$0.00 \$0.00         Total Expenditures       \$0.00         Net Surplus       \$0.00         Net Surplus       \$6,090.00         R account where fee is deposited #:       Enter IFR #       Account Title: Enter Account Description         rrent account balance \$       \$0.00         s fee meets the following criteria (please check appropriate box and explain in more detail below):	Certification Contractual Services					
NET SURPLUS (NET REVENUE MINUS EXPENDITURES)         Net Surplus       \$6,090.00         R account where fee is deposited #:       Enter IFR #       Account Title: Enter Account Description         rrent account balance \$       \$0.00         s fee meets the following criteria (please check appropriate box and explain in more detail below):	Other (identify) Total OTPS			-	\$0.00	
Net Surplus     \$6,090.00       R account where fee is deposited #:     Enter IFR #     Account Title: Enter Account Description       rrent account balance \$     \$0.00       s fee meets the following criteria (please check appropriate box and explain in more detail below):					\$0.00	
R account where fee is deposited #:       Enter IFR #       Account Title: Enter Account Description         rrent account balance \$       \$0.00         s fee meets the following criteria (please check appropriate box and explain in more detail below):	NET SURPLUS	(NET REVENUE MINU	S EXPENDITURES	5)		
rrent account balance \$ \$0.00 s fee meets the following criteria (please check appropriate box and explain in more detail below):	Net Surplus				\$6,090.00	
s fee meets the following criteria (please check appropriate box and explain in more detail below):	account where fee is deposited #:	Enter IFR #	Account Title: Ent	ter Account Desc	cription	
	rent account balance \$	\$0.00				
Results in end-product that is retained or consumed by student.	s fee meets the following criteria (please check appropriate box and	explain in more detail b	elow):			
	Results in end-product that is retained or consumed by student.		Mandatory e	elements of this cour	se entail extraordinary costs.	
Results in significant savings for the student.	Results in significant savings for the student.	Items	are in compliance with	section B.1.V of Cha	ancellor Authorized Fees Policy 7	804.
stification for new fee or change to existing fee. Include specific data for the cost of supplies and materials or other costs for each student.	tification for new fee or change to existing fee. Include specific data	a for the cost of supplies	and materials or of	ther costs for ea	ch student.	

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### **University Fee – Student e-Bill Form**

REQUEST FOR FEE TO BE	Y AT BUFFALO		ſe-BILL	
(See Student Account e-bill	terms tab for further in	nformation)		
Fee long name (30 character limit; what the student will s	ee on the bill)			
Enter Fee Name				
Fee short name (10 character limit) Enter Fee	e Name			
Effective date (list the semester / term for first billing)	Fall 2018			
Check all that apply: Billed in	$\frac{X}{Fall}$	Spring	_	Summer
How many students will be impacted?	Per semester	Annually	_	
Will department enter assessments?	Yes	X	No	
Should fee be reported on 1098T (see 1098T tab)	X Yes		No	
granted access to enter the assessments?				
granted access to enter the assessments?			UB IT Na	me
			UB IT Na UB IT Na	
Name	Bill?	X Yes (a)		
Name Name Will the fee be assessed automatically on the e a. If yes, provide the criteria for assessing (che		Yes (a)	UB IT Na	me
Name Name Will the fee be assessed automatically on the e		Yes (a)	UB IT Na	me
Name Name Will the fee be assessed automatically on the e a. If yes, provide the criteria for assessing (che		Yes (a)	UB IT Na	me
Name Name Will the fee be assessed automatically on the e a. If yes, provide the criteria for assessing (che by Division/Career		Yes (a)	UB IT Na	me
Name Name Will the fee be assessed automatically on the e a. If yes, provide the criteria for assessing (che by Division/Career by Major/Plan		Yes (a)	UB IT Na	me

University at Buffalo Office of the Vice President for Finance and Administration

# MASTER PRICE LIST



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### **Master Price List**



## **Master Price List**

### Can be found at:

- List of Approved Fees webpage
- SIRI (Fees tab will replace at later date)



Office of the Vice President for Finance and Administration

# COST ACCOUNTING TEAM



## We're here to help!

**Valerie Dennis** 

Financial Management Phone: 716-645-2604 Email: <u>vlb5@buffalo.edu</u>

#### **Ashley Butcher**

Financial Management Phone: 716-645-1521 Email: <u>ambutche@buffalo.edu</u>

#### **Carrie Hutchins**

Financial Management Phone: 716-645-2640 Email: <u>chutchin@buffalo.edu</u>

#### Ian Frost

Financial Management Phone: 716-645-0232 Email: ianfrost@buffalo.edu

#### E-Mail Contact

Service Center

### ubs-servicecenters@buffalo.edu

**University Fees** 

### ubs-universityfees@buffalo.edu

#### **Jennifer Pesany**

Assistant Vice President, Financial Management Phone: 716-645-2646 Email: jpesany@buffalo.edu University at Buffalo Office of the Vice President for Finance and Administration

# **QUESTIONS?**

