

SERVICE CENTERS AND UNIVERSITY FEES

Business Day

April 24th 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





University at Buffalo

Office of the Vice President for Finance and Administration

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**

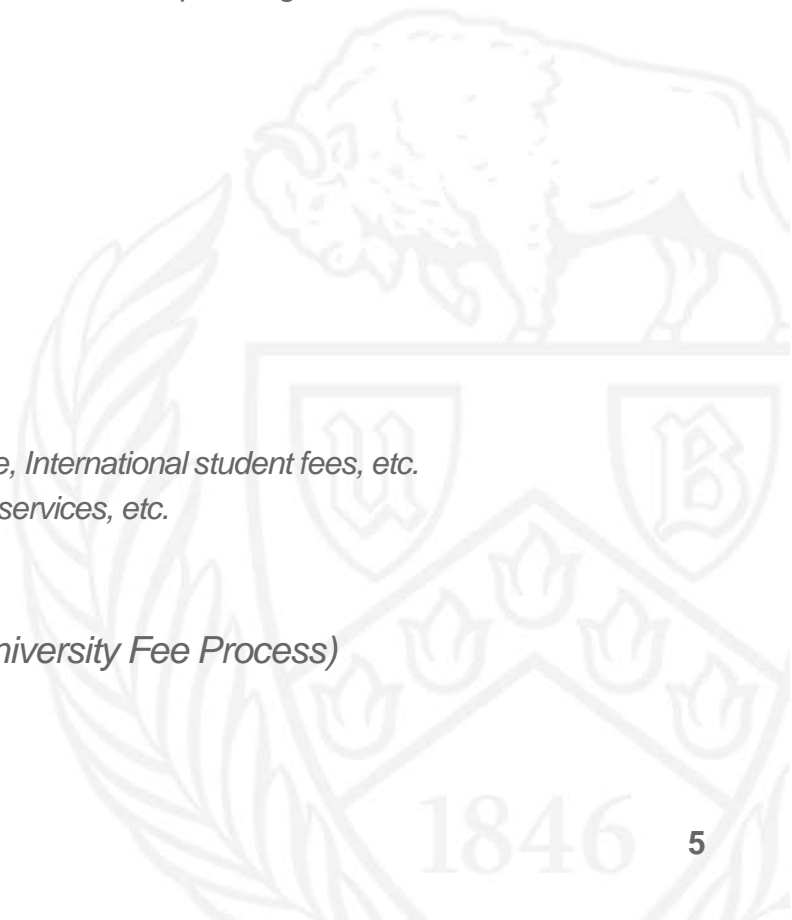
Have different levels of authority and fee types:

- *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...

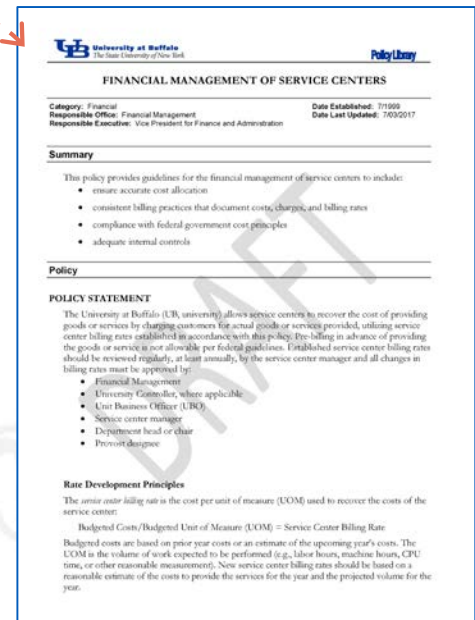


Financial Management of Service Centers Policy

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 [Safeguarding 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).

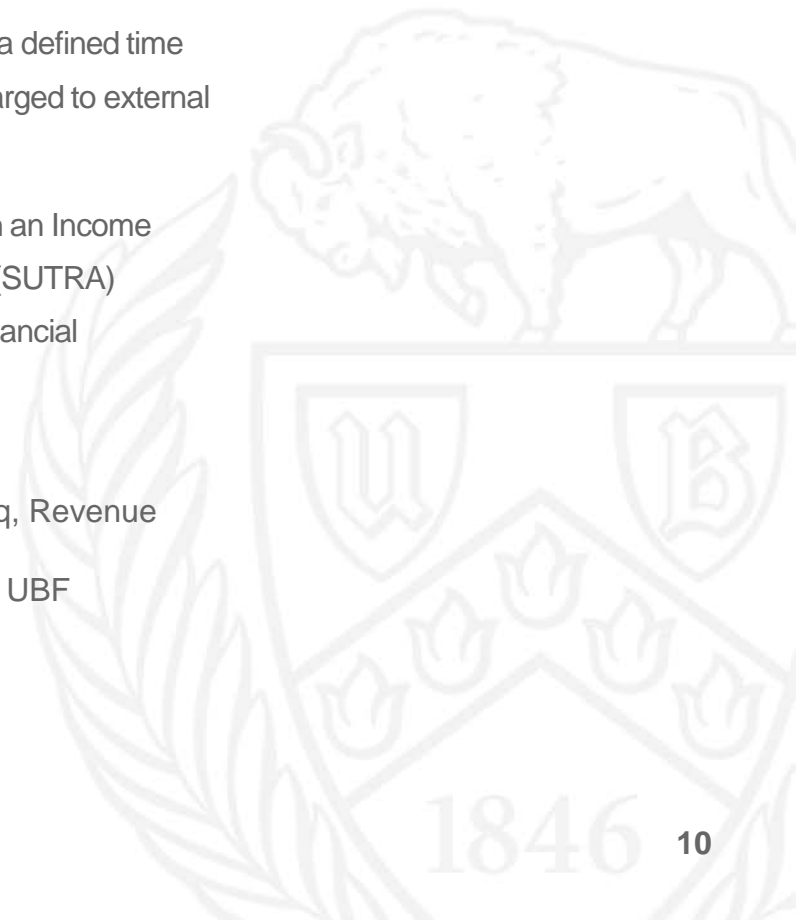
See Presentation Notes for Full Policy



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



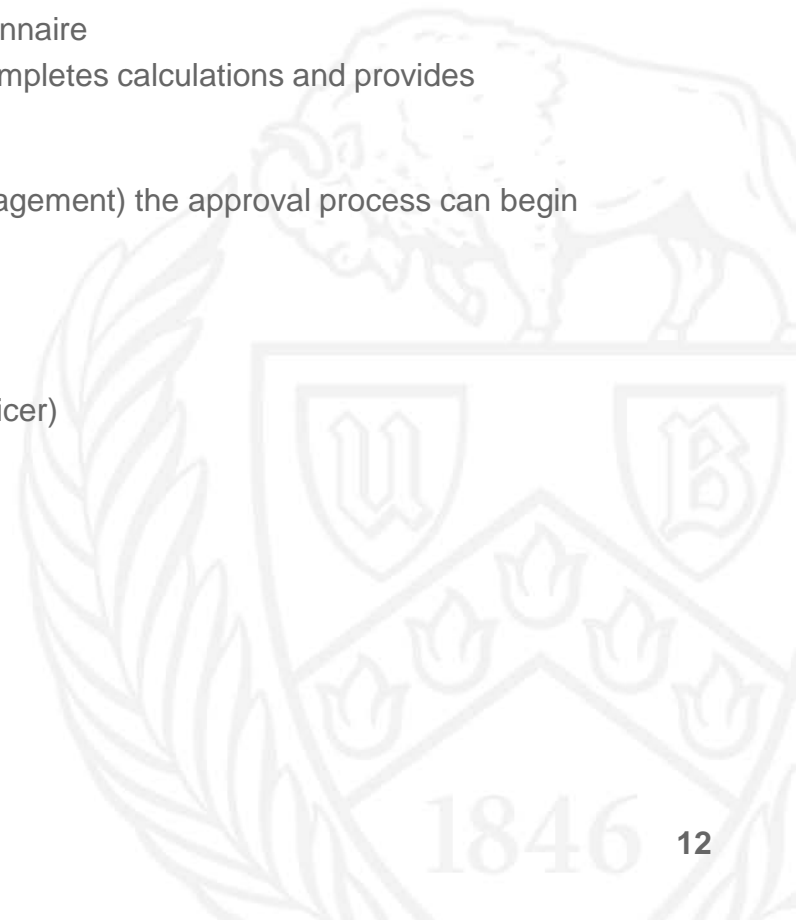
Development and Approval Process

- **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)

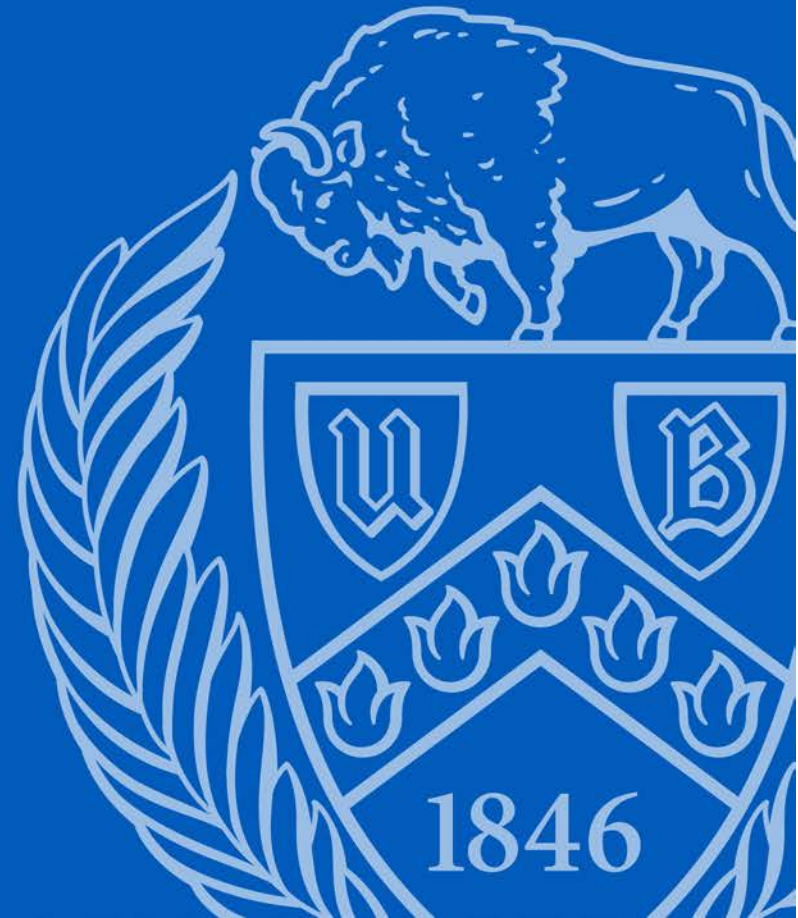




University at Buffalo

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NEW FORMS FOR RATE/FEE CALCULATIONS



New Service Center Rates/ University Fees Calculations

Financial Management has developed new standardized questionnaires for service centers and university fees

University at Buffalo
Service Center Questionnaire
Read the Financial Management of Service Centers Policy.

Name of Service Center: _____ **Name of Service Center**

What do you want to do? _____ **Select**

Contact Information

Department of Service Center: _____ **VP/Deanal:** _____

Service Center Manager Name: _____ **Address:** _____

Telephone Number: _____ **E-Mail Address:** _____

Location of Service Center: _____

Background of Service Center: Read the Financial Management of Service Center Policy

Description of Products or Services Provided: _____

Users of the Services (Select all that Apply):

Internal	External
<input type="checkbox"/> UB Researchers	<input type="checkbox"/> External Community
<input type="checkbox"/> UB Students	<input type="checkbox"/> External Industry
<input type="checkbox"/> UB Faculty Staff	<input type="checkbox"/> External Researchers

Method of Accepting Payments: (Please check all that apply):

Electronic Payment (ePay) Interdepartmental Invoice (IDI) Other (Please specify below): _____
 Accounts Transfer Purchase Order (eProc)
 Checks Invoice Transfer

Justification for submission outside Annual Resource Planning Process (if necessary):

Account Type / Number(s): _____

Income Fund Reimbursable (IFR): _____

Research Foundation (RF): _____

UB Foundation (UBF) (Prior approval required): _____

Rate Components: (Please use additional sheet(s) if necessary)

Labor: Provide a list of employees spending time on service center activity.

Name of Employee / Position Title	% Of Time on Service Center Activity	Account Charged	Salary	Fringe Benefits	Total
Employee 1	100%	90001 0000	\$ 30,000.00	\$ 3,000.00	\$ 33,000.00
Employee 2	50%	00001 00000-1	\$ 24,000.00	\$ 2,400.00	\$ 26,400.00
	0%		\$ -	\$ -	\$ -
	0%		\$ -	\$ -	\$ -
	0%		\$ -	\$ -	\$ -
	0%		\$ -	\$ -	\$ -
	0%		\$ -	\$ -	\$ -
	0%		\$ -	\$ -	\$ -
			Total Salaries		\$ 85,000.00

3/16/2018 Financial Management Service Center Initial Questionnaire



Service Center Questionnaire

Equipment: Provide a list of Equipment that will be used in the Service Center

Equipment Description	Asset Number (if Applicable)	Purchase Order	Date Purchased	Equipment Cost
Microscope	01000	XXXX	6/3/2017	\$ 10,000.00
Copier	03000R	XXXX	5/2/2016	\$ 6,500.00
			MM/DD/YYYY	\$ -
			MM/DD/YYYY	\$ -
			MM/DD/YYYY	\$ -

Maintenance: Provide a list of Maintenance expenditures for Equipment

Description of Expense	Date	Purchase Order	Cost
	MM/DD/YYYY		\$ -
	MM/DD/YYYY		\$ -
	MM/DD/YYYY		\$ -
	MM/DD/YYYY		\$ -
	MM/DD/YYYY		\$ -

Materials and Supplies (Consumables): Provide a list of all materials and supplies that are directly involved with the service center:

Description of Expense	Related Service	Usage Rate (i.e. Monthly, Annually)	Account Number	Purchase Order	Cost
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -

Other Expenses: Provide a list of any other expenses included in the service center.

Description of Expense	Related Service	Usage Rate (i.e. Monthly, Annually)	Account Number	Purchase Order	Cost
					\$ -
					\$ -
					\$ -
					\$ -

Subsidies: Provide a list of subsidies provided to the service center.

Description of Subsidy	Type of Subsidy	Related Service	Account Number	Amount of Subsidy
i.e. Payrol Labor subsidy	Labor	Service 1	8600000	\$ -
				\$ -
				\$ -

Unit of Measure (UOM) (Please use additional sheet(s) if necessary)

Provide annual units (estimated or Prior year's actual) for each of the services provided by service center

Description of Service	Unit of Measure (UOM) (i.e. Hours, Lsch, Pound)	Annual Units
Service 1	Ea.	100.00
Service 2	Hour	1,200.00
Service 3	Months	12.00
Service 4	Unit	500.00
		0.00
		0.00

3/16/2018 Financial Management Service Center Initial Questionnaire

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)

A

Service Center: Summary by Component and Pro Forma

Component Cost:	Service 1	% of Costs	Service 2	% of Costs
Labor	500.00	87.8%	14.58	89.0%
Capitalized Equipment	20.97	3.7%	-	0.0%
Equipment (Not Capitalized)	13.54	2.4%	-	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%	\$ -	0.0%
Less: Additional Subsidies	\$ -	0.0%	\$ -	0.0%
Net Internal Rate per UOM	\$ 400.00		\$ 16.39	
UOM	Ea.		Hour	
Prior Rate (DATE APPROVED)				
Increase (Decrease)				
% Increase (Decrease)				

Annualized Pro forma

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
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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)
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Subsidized Labor (Acct.)	\$ (16,965.00)	-	16,965.00	-22.1%
Subsidized OTPS (Acct.)	\$ -	-	-	0.00%

Total Subsidies	(16,965.00)	-	\$ 16,965.00
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Net Contribution	\$ -
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Totals	Percentage of Total Costs

New Service Center Rate Calculation

B

Service Center:
Name of Service Center
Rate List effective: _____ 2018

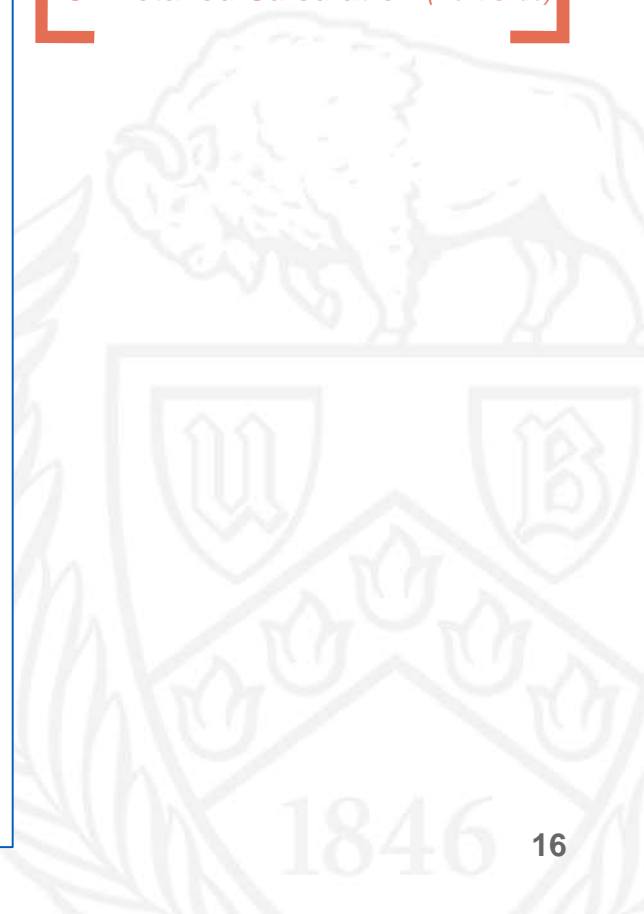
Instrument/Service	Unit of Measure (UOM)	Internal Rate ¹	Internal + GUSF ²	External Rate ³
Service 1	Ea.	\$ 569.65	\$ 459.77	\$ 675.00
Service 2	Hour	\$ 16.39	\$ 18.84	\$ 20.00

¹ **Internal Rate = (Cost - Subsidies):** 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.

² **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)).

³ **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)



New Service Center Rate Calculation

C

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

Detailed Cost Calculation (Annualized)

Instrument / 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		100%	9000010000	50,000.00	-	50,000.00	-	50,000.00
Employee 2		50%	000077-XXXX-1	25,000.00	10,000.00		17,500.00	17,500.00
Total Labor expense						50,000.00	17,500.00	67,500.00
Total Labor expense per UOM						500.00	14.58	
Equipment Depreciation	Asset Number	Purchased Date	Useful Life (Years)	Purchase Price	Depreciated through:			
	03X	7/1/2016	10	10,000	7/1/2026	1,000.00	-	1,000.00
		8/10/2017	5	5,483	8/10/2022	1,096.60	-	1,096.60
Total Equipment Depreciation						2,096.60	-	2,096.60
Total Equipment Depreciation Per UOM						20.97	-	
Equipment (Not Capitalized)			PO #	Purchased Date	Expensed through:			
						1354		1,354.00
Total Equipment expense						1,354.00	-	1,354.00
Total Equipment expense per UOM						13.54	-	
Maintenance			PO #	Vendor	Source			
Annual Service Contracts						875.00	745.00	1,620.00
Total Maintenance expense						875.00	745.00	1,620.00
Total Maintenance expense per UOM						8.75	0.62	
Supplies				Vendor	Source			
Wipes						286		286.00
Safety Glasses						568		568.00
Paper						1785	875.00	2,660.00
Total Supplies expense						2,639.00	875.00	3,514.00
Total Supplies expense per UOM						26.39	0.73	
Other Expenses				Vendor	Source			
Conference Travel							548.00	548.00
Total Other expenses						-	548.00	548.00
Total Other expenses per UOM						-	0.46	
Grand Total Costs						\$ 56,964.60	\$ 19,668.00	\$ 76,632.60
Total Internal Cost Per UOM						\$ 569.65	\$ 16.39	
Less: Subsidized Labor						\$ (169.65)	\$ -	
Less: Additional Subsidies						\$ -	\$ -	
Net Internal Rate per UOM						\$ 400.00	\$ 16.39	
GUSF (13%)						\$ 59.77	\$ 2.45	
Internal Rate + GUSF						\$ 459.77	\$ 18.84	
Markup Percentage						3.09%	6.16%	
External Rate Per UOM						\$ 675.00	\$ 20.00	

New University Fee Calculation form

- A: University Fee form
- B: SUNY form
- C: Detailed Calculation
- D: Summary by Component & Pro Forma

Department of University Fee: Test

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 description

Fee is Charged to: (select from drop down) **Students** **Unit of Measure:** (select from drop down) **5,000** **Other**

If other, please explain _____ (explain, please include estimated fee population per year)

Increase to an existing fee; current fee rate is: \$ 20.00

Requested Fee Rate: \$25

(as per attached rate calculations sheet, please clearly indicate if this is per semester, per year, or per credit hour)

SUNY Approval Required: Please check box for SUNY Approval

Fee Billing/Collection of Revenue

Fee Invoicing: Student Billing **Fee Effective:** Fall 2017 (semester/fiscal year)

Fee Revenue Account #: 2 **Funding Source:**

Account Description:

(If fee revenue is new it is to be deposited to a new IFR account, please complete the new account request at the link above: [IFR New Account request](#))

What type of student consultation took place for this fee:

Is there a waiver policy for this fee: YES NO

State University of New York Please return to Campus Analyst

Academic Course / Other Fee Budget Template 31-Aug-17

Campus Name: University @ Buffalo

Course ID:	Course Name:	Current Amount FY2016-7	Requested Change	Proposed FY2017-8	Percent Change
0					
Fee Name		\$ 20.00	\$25.00	\$25.00	25.00%

Check One: New Fee Change to Existing Fee Additional Section of Existing Course

Effective semester or date for change: 0 Department: 0.00%

Date of last approval:

Note: Please attach course description with fee request

NET REVENUE				
	Current	Proposed	Percent	Total
Number of Students	Fee	Fee	Change	
5,000	\$20.00	\$25.00	25.00%	\$125,000.00
Less: Overhead			Rate: 13.00%	(\$16,250.00)
Net Revenue				\$108,750.00

EXPENDITURES				
	Current	Proposed	Percent	Total
Personal Service (describe positions) ** Do Not Include Instructional 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
OT/PS (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

Detailed Cost Calculation (Annualized)

Instrument / Service:	Unit of Measure (UOM)	Fee Name
Annual Units		12,293
Labor		
	% Time Alloc	Account #
Employee 1	50%	\$ 62,337.60
Employee 2	75%	\$ 35,505.60
Employee 3	90%	\$ 33,045.60
Employee 4	90%	\$ 31,240.60
Employee 5	10%	\$ 104,080.08
Employee 6	25%	\$ 64,025.26
	Annual Salary	Annual Fringe
	\$ 118,522.45	\$ 26,246.33
	\$ 9,852.80	\$ 22,423.66
	\$ 11,303.88	\$ 25,726.13
	\$ 10,403.12	\$ 23,676.11
	\$ 3,850.95	\$ 8,794.28
	\$ 5,922.34	\$ 13,478.45
	Total Labor expense	120,314.95
	Total Labor expense per UOM	9.79
Equipment Depreciation	Asset Number	Purchased Date
	Useful Life (Years)	Purchase Price
	Depreciated through:	
Printer	3	7,880
Lamination Module	3	7,938
Installation	3	3,058
*Printer Module (5@2995)	1	3,061
*Card Reader (3@525)	1	599
*Webcams (4@240)	1	1,150
		\$ 2,625.60
		\$ 2,645.08
		\$ 1,019.29
		\$ 3,060.95
		\$ 599.28
		\$ 1,180.13
		\$ 11,132.34
		\$ 11,132.34
		\$ 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 Fee - Cover

University at Buffalo University Fee Development Coversheet <i>See Fee Policy for more information</i>			
Name of University Fee:		Enter Fee Name	
Fee Type: (select from drop down)		New University Fee	
Fee will continue to be assessed until eliminated			
Check all terms that fee should be assessed			
<input checked="" type="checkbox"/> FALL <input type="text" value="2018"/>	<input type="checkbox"/> SPRING <input type="text" value="2018"/>	<input type="checkbox"/> SUMMER <input type="text" value="20XX"/>	<input type="checkbox"/> WINTER <input type="text" value="2017"/>
<small>Term Implemented/ Calendar Year</small>	<small>Term Implemented/ Calendar Year</small>	<small>Term Implemented/ Calendar Year</small>	<small>Term Implemented/ Calendar Year</small>
Please reference the Annual Fee Process Calendar for Due Dates			
Contact Information			
Department of University Fee:		Enter Department Name	
VP/Decanal:		Enter VP/Decanal	
Department Contact:		Contact	Address:
Phone Number:		Phone #	E-Mail Address: email
About University Fee:			
Fee Description:		Provide description of the fee	
Fee is Charged to: (select from drop down)	Students	Unit of Measure: (select from drop down)	Term/Semester
If other, please explain	1		1
	\$ 5,000.00		(estimated # of semester's charged per year)
Requested Fee Rate	\$7,000.00		
	<small>(as per attached rate calculations sheet, please clearly indicate if this is per semester, per year, or per credit hour)</small>		
SUNY Approval Required	<input checked="" type="checkbox"/> Please check box for SUNY Approval		
Fee Billing/Collection of Revenue			
Fee Invoicing:	ePay	Fee Effective:	Fall 2018
			<small>(semester/fiscal year)</small>
Fee Revenue Account #	Enter IFR #	Funding Source:	IFR
Account Description	Enter Account Description		
OR	<small>(If fee revenue is new it is to be deposited to a new IFR account, please complete the new account request at the link above and IFR New Account request</small>		
What type of student consultation took place for this fee:			
Is there a waiver policy for this fee: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Who is responsible for waiving the fee?			
Please explain the waiver policy:			
Is there a refund policy for this fee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Please explain the refund policy:			
Justification for Submission:			
Provide justification for submission of new or increased/decreased fee			

University Fee – SUNY Form

State University of New York Academic Course / Other Fee Budget Template Campus Name:		Please return to Campus Analyst			9-Apr-18
University @ Buffalo					
Course ID:	Enter Fee Name <u>Course Name:</u>	Current Amount <u>FY2017-18</u>	Requested <u>Change</u>	Proposed <u>FY2017-8</u>	Percent <u>Change</u>
Fee Name	Enter Fee Name	\$ 5,000.00	\$0.00	\$7,000.00	40.00%
Check One: <input type="checkbox"/> New Fee <input type="checkbox"/> Change to Existing Fee <input type="checkbox"/> Additional Section of Existing Course					
Effective semester or date for change: <u>Fall 2018</u>		Department: _____		Enter Department Name _____	
Date of last approval: _____					
Note: Please attach course description with fee request					
NET REVENUE					
<u>Number of Students</u>	<u>Current Fee</u>	<u>Proposed Fee</u>	<u>Percent Change</u>	<u>Total</u>	
1	\$5,000.00	\$7,000.00	40.00%	Rate: 13.00%	\$7,000.00
Less: Overhead					(\$910.00)
Net Revenue					\$6,090.00
EXPENDITURES					
Personal Service (describe positions) ** Do Not Include Instructional Staff **					
Personal Service Regular _____ \$ _____					
Personal Service Temp _____ \$ _____					
Total Personal Service _____ \$0.00					
Fringe Benefit Cost _____ Rate: 61.48% \$0.00					
Student Salaries _____ \$ _____					
Total Salaries and Benefits _____ \$0.00					
OTPS (insert lines as needed)					
Course Supplies _____					
Laboratory/Other Materials _____					
Transportation _____					
Food & Lodging (Travel) _____					
Equipment (including rental) _____					
Certification _____					
Contractual Services _____					
Other (identify) _____					
Other (identify) _____					
Total OTPS _____ \$0.00					
Total Expenditures _____ \$0.00					
NET SURPLUS (NET REVENUE MINUS EXPENDITURES)					
Net Surplus					\$6,090.00
IFR account where fee is deposited #:		Enter IFR # _____	Account Title: Enter Account Description _____		
Current account balance \$		\$0.00			
This fee meets the following criteria (please check appropriate box and explain in more detail below):					
<input type="checkbox"/> Results in end-product that is retained or consumed by student.			<input type="checkbox"/> Mandatory elements of this course entail extraordinary costs.		
<input type="checkbox"/> Results in significant savings for the student.			<input type="checkbox"/> Items are in compliance with section B.1.V of Chancellor Authorized Fees Policy 7804.		
Justification for new fee or change to existing fee. Include specific data for the cost of supplies and materials or other costs for each student.					
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>					



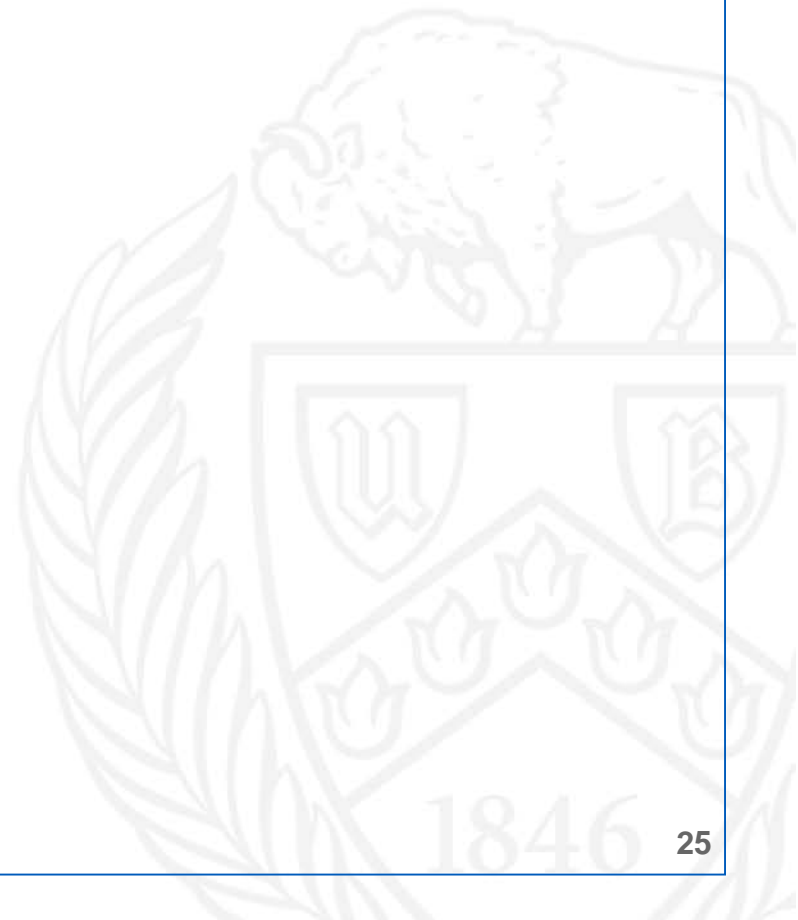
University at Buffalo

Office of the Vice President for Finance and Administration

MASTER PRICE LIST



Master Price List





Master Price List

Can be found at:

- [List of Approved Fees](#) webpage
- SIRI (Fees tab – will replace at later date)





University at Buffalo

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: vlb5@buffalo.edu

Ashley Butcher

Financial Management
Phone: 716-645-1521
Email: ambutche@buffalo.edu

Jennifer Pesany

Assistant Vice President, Financial Management
Phone: 716-645-2646
Email: jpesany@buffalo.edu

Carrie Hutchins

Financial Management
Phone: 716-645-2640
Email: chutchin@buffalo.edu

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



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QUESTIONS?

