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|  **----- Sponsoring Department General Information-----** |
| Date of Request | Click here to enter a date. |
| Recharge Center Name | Click here to enter text. |
| Sponsoring Department/Institute/Center | Click here to enter text. |
| Cost Center Code | Click here to enter text. |
| Faculty Director Name / E-Mail Address | Click here to enter text. |
| Administrator Name / E-Mail Address | Click here to enter text. |
| Requested Start Date  | Click here to enter a date. |
| Please attach:* Written Proposal
* Recharge Center Rate Analysis
 | [ ]  Attached [ ]  Attached  |
| % USC Internal Users  | Click here to enter text. |
| % USC Internal Users from Federal Sources  | Click here to enter text. |
|  **----- Sponsoring Department Signatures-----** |
| Faculty Recharge Center Director Approval  | *I agree to monitor the recharge center activities to ensure that the services provided are as described on this request form and that expenses charged to this recharge center directly benefit the activities of the recharge.*   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Faculty Director Signature Date |
| Department Chair Approval | *I agree to the establishment of this recharge center and my Department/ Institute/Center will provide the necessary administrative and financial support needed to maintain this recharge center and to cover any deficits on this account on a fiscal basis.*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department Chair Signature Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name  |
| If request is for a CORE Lab please forward to **Office of the Provost: Office of Research** (MC 0706), otherwise forward to Office of Financial Analysis (MC 8002) |
| **----- Office of Research: Vice President Signature-----** |
| Request Approved [ ]  Request Denied [ ]   |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Vice President of Research Signature Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name  |
| **----- Office of Financial Analysis: Director Signature-----** |
| Request Approved [ ] Request Denied [ ]  |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Director Signature Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name |
| Comments | Click here to enter text. |