



## FSEA New Service Line Form

Auxiliary Accounting Website and Additional Resources  
<https://www.fa.ufl.edu/departments/auxiliary-accounting/>

Form #	Form# and Fiscal Year are automatically assigned and cannot be changed.
293	
Fiscal Year	FSEA Status will default to Inactive, and it will change to Active once the Proposed Rates are populated in Section 2 of the form.
2025	
FSEA Status	
ACTIVE	
Status	
NEW	

Thank you for submitting your form. It has been sent to the Auxillary Accounting Office for review.

### Introduction

This form should be submitted for adding new services or products to active Fee-for-Service Educational Activity (FSEA) that were previously approved. If you are applying for a new FSEA, please use the [NEW FSEA Application OnBase form](#).

If you have any questions, please reach out to the Auxiliary Accounting Office at [ga-aux@ad.ufl.edu](mailto:ga-aux@ad.ufl.edu) or 352-294-7236.

**NOTE:** Once you start the form you will have the ability to save and come back to complete later.

## Section 1: Unit Contact Information

### Fee-for-Service Educational Activity

Select the FSEA number the unit has been assigned by the Auxiliary Accounting Office.

FSEA # *	FSEA Name	FSEA Type/Category	FSEA Website URL (update if needed)
2417	RESOLUTION MASS SPECTROMETRY	RESEARCH SERVICE CENTER	<a href="https://mass-spec.chem.ufl.edu/service/">https://mass-spec.chem.ufl.edu/service/</a>

**FSEA # is a unique assigned number for the FSEA activity by Auxiliary Accounting. Select one from the drop-down options to prepopulate the information for the FSEA name, FSEA Type/Category, and FSEA Website URL.**

### REQUESTOR Information

*\* Please enter the UFID in the required field and tab to populate the remaining fields.*

Your UFID *	First Name	Last Name	Job Title
6889999	Albert	Gator	ACCOUNTANT III

**Identify the Primary Contact UFID who is completing this form.**

Dept ID	Dept Name	Email	Phone
64651000	FA-AUX ACCOUNTING ADMIN	Algator@UFL.EDU	(352)294-7236

### PRIMARY Operational Contact

The person listed below is responsible for the oversight of the day-to-day operations of the unit. Review their name and update if needed.

*\* Start typing the last name of the individual and then select from the list.*

Last Name,First Name	Job Title	Email
Gator, Alberta	CHAIR & PROF	Albertag@UFL.EDU

Dept ID#	Dept Name	Phone
32039999	GS-Gator Sciences	(352)294-7236

SECONDARY Operational Contact (optional)

*\* Start typing the last name of the individual and then select from the list.*

Last Name,First Name	Job Title	Email
Gator, John	ASO DIR, FINANCE	Jogator@UFL.EDU
Dept ID#	Dept Name	Phone
32019999	GA-ADMINISTRATIVE FIN AFFAIRS	(352)294-7236

PRIMARY Fiscal Contact

The person listed below is responsible for the day-to-day accounting responsibilities. Review their name and update if needed.

*\* Start typing the last name of the individual and then select from the list.*

Last Name,First Name	Job Title	Email
Gator, Janice	Fiscal Asst.	Jagator@ufl.edu
Dept ID#	Dept Name	Phone
32039999	GS-Gator Sciences	(352)294-7236

SECONDARY Fiscal Contact (optional)

*\* Start typing the last name of the individual and then select from the list.*

Last Name,First Name	Job Title	Email
Dept ID#	Dept Name	Phone

## Director Contact

*\* Start typing the last name of the individual and then select from the list.*

Last Name,First Name	Job Title	Email
Gator,Alberta	CHAIR & PROF	Albertagator1@UFL.EDU

Dept ID#	Dept Name	Phone
32039999	GS-Gator Sciences	(352)294-7236

## Lab Manager (optional)

*\* Start typing the last name of the individual and then select from the list.*

Last Name,First Name	Job Title	Email
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Dept ID#	Dept Name	Phone
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Section 2: General Information **All of the following questions should be answered in order to submit the form for approval.**

1. Proposed New Service Line Activity Name \*

3D PRINTING LAB

2. Physical Address of Proposed Unit (do not use a P.O. Box)

Building Number \* Building Name \*

992 ALBERT

Floor # \* Room Number \*

1 99

Additional Location

THIS IS A TESTING FORM FROM AUXILIARY ACCOUNTING.

3. Describe the proposed New FSEA Service Line Activity. \* **Provide as much detail as possible.**

3D PRINTING WILL SUPPORT AND ENHANCE THE RESEARCH, EDUCATION, AND PUBLIC SERVICE MISSIONS OF THE UNIVERSITY OF FLORIDA BY PROVIDING ACCESS TO CHARACTERIZATION AND PROCESS INSTRUMENTATION.

4. Is a fee currently charged for the services/products? \*

YES

When did the New Service line activity start operations, and in what chartfield was the revenue collected? \*

HE NEW SERVICE LINE STARTED OPERATIONS ON 07/01/2024 UNDER CHARTFIELD 32030102-165

5. Do you propose to have sales with External Customer? \*

YES

5a. Please provide a narrative that explains how the service meets the following criteria: \*

--- The service is not readily available outside the University.\*

--- The service has a research purpose or helps educate students.\*

--- The service does not compete with the private sector.\*

THE 3D SERVICE IS A SPECIALIZED SERVICE TAILOR TO THE NEEDS OF THE CUSTOMERS, AND THERE IS ANY OTHER UF DEPARTMENT OR PRIVATE SECTOR PROVIDING A SIMILAR SERVICE.

5b. How will any potential excess revenues from external customer be spent?

EXCESS REVENUE FROM CUSTOMERS WILL BE SPENT ON EQUIPMENT REPLACEMENT.

6. Will there be any contracts with external customers? \*

YES

7. Will the New Service Line operate in a different chartfield from the ones listed below? \*

YES

Please Add the proposed Chartfield for the New Service Line at the bottom of the Assigned Chartfields table below.

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Assigned Chartfield <i>(Click Add for additional rows)</i>			
Fund ID *	Dept ID *	Dept Name	Institutional Support *
161	32039999	GS-Gator Sciences	NO

Click on "Add" to enter the new chartfield for the New Service Line.

Click on "Add" to enter the New Service Line Name, Flex, Unit of Measure, Rates, Description, and Effective Date.

Proposed Rates (\*All fields are required. Please enter zero if any of the fields do not apply to the service line.) (Click Add for additional rows)

FSEA#	FSEA Name	Service Line Name	* Flex *	Unit of Measure *	Internal Rate *	External Not for Profit Rate *	External For Profit Rate *	Other Rate *	Description *	Effective Date *	Status	Inactive Year
2417	RESOLUTION MASS SPECTROMETRY	ULTRA-HIGH RESOLUTION ACCURATE MASS (IMPACT OR ORBITRAP)	N/A	SAMPLE	\$50.00	\$0.00	\$0.00	\$0.00	ULTRA-HIGH RESOLUTION ACCURATE MASS (IMPACT OR ORBITRAP)	06/22/2020	ACTIVE	
2417	RESOLUTION MASS SPECTROMETRY	ULTRA-HIGH RESOLUTION ION MOBILITY (TIMSTOF PRO II)	N/A	SAMPLE	\$65.00	\$0.00	\$0.00	\$0.00	ULTRA-HIGH RESOLUTION ION MOBILITY (TIMSTOF PRO II)	06/22/2020	ACTIVE	
2417	RESOLUTION MASS SPECTROMETRY	NOMINAL MASS OR MOLECULAR FORMULA MATCHING (AGILENT, MALDI)	N/A	SAMPLE	\$40.00	\$0.00	\$0.00	\$0.00	NOMINAL MASS OR MOLECULAR FORMULA MATCHING (AGILENT, MALDI)	06/22/2020	ACTIVE	
2417	RESOLUTION MASS SPECTROMETRY	CALIBRATION CURVE	N/A	UNIT	\$300.00	\$0.00	\$0.00	\$0.00	CALIBRATION CURVE	06/22/2020	ACTIVE	
2417	RESOLUTION MASS SPECTROMETRY	GC-MS STANDARD GRADIENT/DIP	N/A	INJECTION	\$40.00	\$0.00	\$0.00	\$0.00	GC-MS STANDARD GRADIENT/DIP	06/22/2020	ACTIVE	

Effective Date is the date the new service line begins operations.

Status will default to NEW, and it will change to ACTIVE after approval.

Proposed Rates (\*All fields are required. Please enter zero if any of the fields do not apply to the service line.) (Click [Add](#) for additional rows)

FSEA#	FSEA Name	Service Line Name	* Flex *	Unit of Measure *	Internal Rate *	External Not for Profit Rate *	External For Profit Rate *	Other Rate *	Description *	Effective Date *	Status	Inactive Year
2417	RESOLUTION MASS SPECTROMETRY	3D PRINTING	N/ A	UNIT	\$20.00	\$40.00	\$60.00	\$0.00	3D PRINTING- SPECTROMETRY	01/01/2025	NEW	

#### Rate Documentation

Attach Proposed Rate Documentation (**required**) and any other supporting documentation – A template form is available here: ([link to spreadsheet](#)) .

FSEA Rate Form (3)

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[AUX-FSEA Rate Worksheet - 12/20/2024 - 5:44:50 PM](#)

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[AUX-FSEA Rate Worksheet - 12/20/2024 - 5:44:50 PM](#)

FSEA Supporting Documentation (0) **Attach additional supporting information.**

### Section 3: Department Approvers

The approvers below certify to the Committee that they recommend the approval of this request and confirm that:

- -- The proposed activity aligns with the University mission.
- -- Management and the oversight of this activity will be performed in accordance with University Policies and Internal Control Standards.
- -- Activity must maintain a positive financial position.

Department Chair/Director  
Approver

Start typing the approver's last  
name and then select from the  
list.

Last Name,First Name \*  
Gator, Albert

Job Title  
ASSISTANT CONTROLLER

Dean/ Vice President Approver

Start typing the approver's last  
name and then select from the list.

Last Name,First Name \*  
Gator, Albert

Job Title  
Dean, College

#### Form Submission

Use the Ready to Submit? selection box to choose a submission option:

1. If all questions have been answered and the form is ready to submit for Auxiliary Accounting Office review prior to your specified approver, select YES. Then click the Submit for Approval button.
2. If you are not ready to submit to the Auxiliary Accounting Office for review, select NO. Then click the Save button.

Ready to Submit?