

UNIVERSITY OF CINCINNATI

Supplemental information required when requesting a new designated fund
See **Sales & Service Policy** prior to completing this form

FUND: _____ FUND CENTER: _____

COLLEGE: _____

DEPARTMENT: _____

CONTACT PERSON: _____ PHONE NO.: _____

PRODUCT/SERVICE: (Please provide a description of the product or service. Attached separate page if necessary.)

DETAIL OF ALL REVENUES ANTICIPATED FOR THE FISCAL YEAR:

(List each company/non-university user separately by type of service provided.)

	<u>Estimated Annual Revenue</u>
_____	_____
_____	_____
_____	_____
_____	_____

Total Anticipated Revenue from Sales and Service

EXPENSE BUDGET BY COMMITMENT ITEM: (Summary of anticipated expenses for the FY)

51XXXX	Salaries	_____
52XXXX	Fringe Benefits	_____
53XXXX	Department Operating Expense	_____
55XXXX	Scholarships	_____

Total Anticipated Expenses

Method of coverage in case of cash deficit: _____

*****Send completed form along with an A-200 to the Controller's Office*****