



Form #
109

Fiscal Year
2025

Status
COMPLETE

Request to Operate a Fee-for-Service Educational Activity (FSEA)

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

Introduction

This form is to be used if your unit/area is interested in establishing a Fee-for-Service Educational Activity. A Fee-for-Service Educational Activity is a revenue generating activity from the provision of goods and/or services. Such activity enhances, promotes, or supports the University's instruction, research, public service and campus support functions, and other educational and support functions in order to meet the needs of students, faculty, staff and members of the public participating in University events and programs.

NOTE: Once you start the form you must complete. You will not have the ability to save and come back to complete later.

Here is the information you should gather prior to starting the process:

- Rate documentation ([link to spreadsheet](#))
- Guarantee chartfield string of the funding source that will cover any recurring losses of the FSEA
- All fields are required in order to submit the form unless otherwise noted.

If you have not reached out to the Auxiliary Accounting Office and would like to discuss further with them if this would be the best option for your situation, please contact them at ga-aux@ad.ufl.edu.

Section 1: Unit Contact Information

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
68899999	ALBERTA	GATOR	ACCOUNTANT III
Dept ID	Dept Name	Email	Phone
64659999	AUX ACCOUNTING	AGATOR@UFL.EDU	(352)294-7236

Select one or two people who will be responsible for the oversight of the day-to-day operations of the unit.

PRIMARY Operational Contact

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

Last Name,First Name *	Job Title	Email
GATOR,ALBERTA	ACCOUNTANT III	AGATOR@UFL.EDU
Dept ID#	Dept Name	Phone
64659999	AUX ACCOUNTING	(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
Dept ID#	Dept Name	Phone

Select one or two people who will be responsible for the day-to-day accounting responsibilities.

PRIMARY Fiscal Contact

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

Last Name,First Name *	Job Title	Email
GATOR,ALBERTA	ACCOUNTANT III	AGATOR@UFL.EDU

Dept ID#	Dept Name	Phone
64659999	AUX ACCOUNTING	(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
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Dept ID#	Dept Name	Phone
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Director Contact

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

Last Name,First Name *	Job Title	Email
GATOR,ALBERT	ASSISTANT CONTROLLER	AGATOR1@UFL.EDU

Dept ID#	Dept Name	Phone
64659999	AUX ACCOUNTING	(352)294-7258

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 Unit Name*

This will be used to as a guide for the future naming of the Fee-for-Service Educational Activity, if approved

Vevo Ultrasound Lab Services

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

Building Number

Building Name

99

Medical Building

Floor #

Room Number

1

M3

Additional Location

Enter additional locations here if multiple labs.

3. Describe the proposed Fee-for-Service Educational Activity Provide as much detail as possible.*

Vevo instrument is an ultrasound that can produce high-quality images of tumors, embryos, and organs and assess their function. This instrument has the ability to create 3D and 4D pictures of tumors and organs, providing a clear view of their size and shape. For a detail description of the proposed FSEA activity, please review the supporting document attached.

4. Describe how the proposed activity supports the mission of the University of Florida *

This instrument will serve many investigators as possible at the University of Florida to support all areas of ultrasound use, from in-detail cardiac imaging, vascular imaging, cancer investigations, and in-utero development.

5. Activity Type Category *

Lab Services

6. Does another unit of the University already provide a same/similar service?y *

NO

6a. Please explain the necessity/uniqueness of a proposed FSEA service, if it already exists on campus.

There is not a shared ultrasound on campus available to faculty.

7. Do you plan to charge grants? *NO

7a. Please describe who your proposed sponsored activity would be with.

N/A

8. Do you propose to have sales with External Customer? *NO

8a. 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

N/A

8b. How will any potential excess revenues from external customer be spent? *

N/A

9. Please specify a Guarantee chartfield that will cover any recurring losses of the FSEA. *

(FUND # and Dept ID # – Start typing ahead to narrow options)

FUND #	Dept ID #	Dept Name
999	09000000	College of Medicine

10. How will the department make rates available to the UF Community? *

Information sheet with rates, University Listserves, and department website.

11. List the Website URL for this FSEA activity (or Enter “N/A”) *

<https://www.fa.ufl.edu/departments/auxiliary-accounting/>

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

FSEA Rate Form (1)

[FSEA-Rate-Workbook.xlsx](#)

FSEA Supporting Documentation (1) **Attach additional supporting information.**

[FSEA Activity Description. docx](#)

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,ALBERTA

Job Title
Dean, College

Form Submission

Use the Ready to Submit? selection box below 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?

YES

[Submit For Approval](#)