

1 Service Center/Recharge Operation Title: RealTime PCR-SYBRgreen
 Department/Division Name and Number: _____
 PI: _____
 Account Number: _____

2 Period rate is effective: From: 01/01/2005 To: 06/30/2005

3 Estimate Costs:

a. Projected salary and fringe benefit costs (include all personnel by name or position number that will be charged to this center. Provide additional list if necessary)

Individual/Position	Time (hrs)	Salary Budget	Fringe Benefits	Total
1 Tom Stuart	1	22.30	5.31	\$ 27.61
2				-
3				-
4				-
5				-
6				-
Total				\$ 27.61

b. Cost of Goods sold, including supplies, services and miscellaneous expenditures (provide description of type of expense and estimate the amount to be charge to the service center/recharge)

Expense Type	Price per unit	Quantity	Amount
1 Supplies			
2 Sybergreen per reaction	0.77	96	73.92
3 8-Strip Caps per pack	2.3	1	2.30
4 96-well plates per plate	3.2	1	3.20
5			-
6			-
Total			\$ 79.42

If service center continue, else go to 4.

c. Equipment Usage Fee based on lifespan of 5years with 3000 working hours per year

Equipment Desc.	Original Cost	Cost per hour	Hours per run	Fee per run
1 Realtime iCycler	\$ 55,000.00	\$ 18.33	\$ 2.00	\$ 36.67
2 iCycler light Source	\$ 100.00	0.03	2.00	\$ 0.07
3 Hood UV source	\$350.00	0.35	0.70	0.25
4		0.00		-
5		0.00		-
6		0.00		-
Total				\$ 36.98

Service Center/Recharge Operation Totals

4 Expense Recap

Salaries & Fringe	\$ 27.61
Supplies/Reagents	\$ 79.42
iCycler Fee per run	\$ 36.98
Total Expenses	\$ 144.01
<u>Neurobiotechnology Salary Supplement</u>	<u>\$ (27.61)</u>
<u>Final Cost</u>	<u>\$ 116.40</u>