

1 Service Center/Recharge Operation Title: RealTime PCR  
 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				-
<b>Total</b>				<b>\$27.61</b>

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 iQ Mix per reaction	0.85	96	81.60
3 8-Strip Caps per pack	2.3	1	2.30
4 96-well plates per plate	3.2	1	3.20
5			-
6			-
<b>Total</b>			<b>87.10</b>

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	\$36.67
2 iCycler light Source	\$100.00	0.03	2	\$0.07
3 Hood UV source	\$350.00	0.35	0.70	0.25
4		0.00		-
5		0.00		-
6		0.00		-
<b>Total</b>				<b>\$36.99</b>

Service Center/Recharge Operation Totals

4 Expense Recap

Salaries & Fringe	\$27.61
Supplies/Reagents	\$87.10
iCycler Fee per run	\$36.99
Total Expenses	\$151.70
Neurobiotechnology Salary Supplement	(\$27.61)
<b>Final Cost</b>	<b>\$124.09</b>