

Service Agreement
GUShare Storage Space Purchase

Please fax to: 202-687-1162
All requests at 5 GB or greater will be reviewed

Account Type

Individual Departmental Non-employee/Student

Purchase Type

Additional Space Account Creation

Billing Information

File Space Requested (50 MB Increments) _____

GUShare premium space is purchased on an annual basis and billed at the beginning of the fiscal year. The charge will be prorated for the first year. The rate will be adjusted each year to reflect the costs of providing GUShare premium space. The rate for FY 2007 is \$2.59/50MB per year.

Effective Date: _____

Department Name: _____

Cost Center (RX Cost Centers May Not Be Used):

Space Owner Information: _____

Print Name, Title, extension

Signature

NetID

Department Budget _____

Authorization (if _____
different from Print Name, Title, extension
requestor)

Signature

UIS Information – UIS Completes

Ticket Number: _____

A copy of the completed form must be sent to UIS Business Service Center.

BSC: _____ Received by: _____

Annual Charge: \$ _____ First Year Prorated: \$ _____

Next Billing Cycle: July _____

Please allow 5 business days for requests to be processed.