A. FEE / SERVICE CHARGE DESCRIPTION

FY: __________

Division: ______________________

Type of Fee (Course, Program, Service Charge): __________________________________

Existing or Proposed Fee/Service Charge Title: ______________________________________

Check one: New ____ Revision ____ Elimination ____

Charge to: (check all that apply)

Student _______ Faculty/Staff _______ Community _______ University Dept. ________

If University Department, provide the Department’s cost center number and name:

Cost Center number:_________  Cost Center Name: ______________________________

Current Rate $ ________   Rate Increase/Decrease $ _________  Proposed Rate $___________

Estimate of Revenue to be generated:   $____________________

Effective Date of the Fee/Service Charge____________________

Proposed Collection Point for Fee (e.g. Student Account Services or Dept):
___________________________________________________________________________

(Budget Office is different than the Department shown above, provide the Cost Center number and name)

B. PURPOSE / JUSTIFICATION:

C. PROPOSED BUDGET UNIT(S) AND SPECIFIC EXPENDITURE DESCRIPTION (Fund Center & GL):

D. REFUND POLICY (IF APPLICABLE):

E. REQUIRED SIGNATURES

Responsible Budget Unit Administrator: __________________________ Date: __________________________

Proposal Requested by: __________________________ Date: __________________________

Chairperson/Director

Proposal Recommended by: __________________________ Date: __________________________

Dean/Department Head

Proposal Approved by: __________________________ Date: __________________________

Vice President

Form Received by: __________________________ Date: __________________________