Miscellaneous Fees

Establishment and Budgetary Review

MISCELLANEOUS FEE REQUEST

The following information is required for the establishment of a new Miscellaneous Fee or adjustment of an existing Miscellaneous Fee:

Department/Division: ___________________________________________________

Requesting Unit: ___________________________________________________

Contact Person: ___________________________________________________
  Email ___________________________________________________
  Phone ___________________________________________________

1. Which of the following does this request concern? (Please choose one)
   Proposal of a New Miscellaneous Fee
   Increase to an existing Miscellaneous Fee
   Decrease to an existing Miscellaneous Fee

2. If this is an existing fee please provide the FOAPAL. ______________________

3. Provide a brief description of the basis for the proposed or increased fee.
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

4. What is the name and amount of the proposed fee?
   _______________________________________________________________________

5. If this fee affects retirees, have you consulted with the appropriate group?
   _______________________________________________________________________

6. On the attached page (Attachment 2), provide a detailed breakdown of the fee calculation proposed, including all projected expenses. If this request is to change an existing fee, complete the prior year actual column as well as the current year projected income and expenses portion.
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7. Explain how these expenses have been paid in past years if this is a new fee.

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

8. Notes: Anything else you wish to convey to the committee to consider your request.

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

9. Include an approval by the Vice Chancellor or Dean.

_____________________________________________________________________

Approval: Name     Title     Date