Approved Rates & Charges

Request to Amend Existing Rate/Charge Division of Academic and Student Affairs

Complete this form to change the name, amount and/or project used for a current approved rate or charge

AMEND existing rate	or charge		
Type of change you are requesti Check all that apply		roject	
Current Name			
Proposed Name			
Current Project		Current Amount	
New Project		Proposed Amount	
Requested effective date			
Reason/Justification for ch	ange		
Department Certificat We request approval to am <u>accounting guidelines</u> of th	end the existing rate or charge.	We agree to abide by a	III cash handling, deposit and
Signature	Print Name		Date
Unit/Department Name		OUC	
Assistant Vice Chance	llor for Finance Approval		
Signature	Print Name		Date
Associate Vice Chance	ellor/Associate Dean Appr	oval	
Signature	Print Name		Date
Last Updated 3/3/20	Questions about this forr	Questions about this form? Contact your DASA Finance partner	