

Approved Rates & Charges Request Form

Division of Academic and Student Affairs

Before a department can collect a charge from a student, staff member or outsider person/organization for a service, trip, rental or merchandise the rate must be reviewed and approved by both the Assistant Vice Chancellor for Finance and an Associate Vice Chancellor or Dean. Please provide as much detail below on the charge for which you are requesting approval. Attach a second sheet if necessary.

New Rate or Charge Details

Proposed Name	<input type="text"/>				
Description/ Business Purpose	<input type="text"/>				
Proposed Project*	<input type="text"/>	Account	<input type="text"/>	Amount	<input type="text"/>
				Subject to Sales Tax?	<input type="radio"/> Yes <input type="radio"/> No
Who will pay this fee?	<input type="checkbox"/> Student	<input type="checkbox"/> General Public			
Check all the apply	<input type="checkbox"/> Staff	<input type="checkbox"/> Vendors	Time Frame (start/end date or ongoing)	<input type="text"/>	

*When requesting a new rate/charge you must determine if you have a project that you can deposit the funds into that you wish to collect. For instance if you have a project for student fees, you can not deposit revenue from an event into that project. You need to have a project that allows for the type of revenue you wish to collect. See [Trust Fund Guidelines](#)

Describe the source of the funds	<input type="text"/>				
How will the funds be used?	<input type="text"/>				
Will the funds collected cover all expenses related to this revenue? If not, explain where additional funding will come from.	<input type="text"/>				
Estimated annual receipts from this charge	<input type="text"/>	Receipts must reflect effort of staff supporting the activity. List the staff whose salaries will be charged against this project. If less than 100% also include the % of their salary.		<input type="text"/>	
Estimated annual expenses on this charge	<input type="text"/>				
You must provide an estimate of the costs associated with this rate or charge	Personnel	<input type="text"/>	<input type="text"/>		
	Supplies	<input type="text"/>			
Travel/Other Curr Sves	<input type="text"/>	Will food be purchased with this charge or fee?	<input type="radio"/> Yes <input type="radio"/> No		
Contracted Services	<input type="text"/>	If yes, provide justification	<input type="text"/>		
Shared Service Fee (10%)	<input type="text"/>				
Is there any other information you wish to provide regarding this request?	<input type="text"/>				

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Department Certification

We request approval for the following new rate or charge. We agree to abide by all [cash handling, deposit and accounting guidelines](#) of the University.

Signature _____ Unit/Department _____
Print Name _____ Date _____ OUC _____

Please provide the name, email address and phone number of the person to be contacted if there is additional information needed or questions regarding this request

Name _____
Email Address _____
Phone Number _____

Once this form has been completed to this point please submit to the DASA Finance office for review and for approval. You will be notified when it has been approved or if additional information is needed. If a new project is needed the form will not be approved until the new project has been set up. This process can take several weeks.

Assistant Vice Chancellor for Finance Approval

Signature _____ Date _____
Print Name _____

Associate Vice Chancellor/Associate Dean Approval

Signature _____ Date _____
Print Name _____