California State University, San Bernardino

***Fee Proposal for Presidential Review***

**Name of Fee:**­­

***Check Fee Category:* (**see [Executive Order 1102](http://www.calstate.edu/eo/EO-1054.pdf), Attachment 2 under Definitions)

**Category IV:** Non-coursework materials, services, penalty, use of service fees or

Student Health Services fees

**Category V:** Self Support Fees (CEL, Parking, and Housing)

**Note: for course fee requests use the “Miscellaneous Course Fee Request” process and form.**

***Proposed action effective*** (specify date):

*Establish a new fee/person* of $

*Change an existing fee*. Current amount of the fee/person: $

**CFS Fund**: **CFS Dept ID**:

– Increase the fee/person to $

– Decrease the fee/person to $

– Eliminate the fee

*Update fee language, usage, materials, or services only (no change in fee amounts)*

**Requester:** **Department:**

**Contact #:** **Email Address:**

**Also please complete and submit the following completed forms:**

Page 2 – ***Rationale for the Fee***, and Page 3 – ***Fee Revenue/Expense Projections***.

***Reviewed/Approved*:** *I recommend approval of the proposed fee action.*

**Requestor Signature**: Printed Name Date

**Department Chair** **Signature**: Printed Name Date

**Dean/Director Signature**: Printed Name Date

**Provost/Vice President Signature**: Printed Name Date

**President Signature**: Printed Name Date

Please submit the *original signed cover page and attached pages* to:

Director of Accounting, CH104

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***Rationale for the Fee***

**Name of Proposed Fee:**­­

**Department Name:**  **Proposed Fee Amount:**

**Please respond to the following questions:**

1. Purpose of the fee(s)

1. Indicate who will be charged this fee

1. If multiple related fees under the same category, list types and amounts.

1. Fee information:
   1. Describe the services or materials to be provided from the fee(s). List in detail.

* 1. What types of expenditures will be allowed for the fee(s)? List in detail.

* 1. What other resources have been used in the past/considered to cover these services/materials?

* 1. What’s the benefit to the individuals receiving these materials/services?

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***Fee Revenue/Expense Projection***

**Name of Proposed Fee:**­­

**Department Name:**  **Proposed Fee Amount:**

Note: minimum revenue threshold for new fees is $500 per year. This is an active Excel worksheet. You can amend the format to meet your revenue and expense calculation needs. Double click on the sheet to activate the worksheet.

