**Complete form and submit to: Accounting Services – mail stop 6080**

**Accounting Services will review the proposal, make recommendation and forward request to Budget Planning & Administration for final approval.**

**Name of Fee:**­­

***Check Fee Category:* (**see [Executive Order 1102](http://www.calstate.edu/eo/EO-1102.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 (CCE, Parking, and Housing) excluding Cal-State Online extended education fees

|  |
| --- |
| **EXISTING CHARTSTRING** |
| **FUND** | **DEPT ID** | **CLASS** | **PROGRAM** | **ACCOUNT** |
|  |  |  |  |  |

|  |
| --- |
| **PROPOSED CHANGE TO CHARTSTRING:** |
| Proposed Effective Date: |
| **FUND** | **DEPT ID** | **CLASS** | **PROGRAM**  | **ACCOUNT** |
|  |  |  |  |  |

 **Provide Rationale for Updating Chartstring (text will automatically wrap)**

|  |
| --- |
|  |

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

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

***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

|  |
| --- |
| **To be completed by Administration and Business Affairs****Financial Services & BPA** |

***Review/Approval Signatures***

**Reviewed**: I have reviewed the proposed request.

Recommend Approval: \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

Director of Accounting Services or University Controller Date

**Approval**:

 Approved Denied

AVP for Budget Planning & Administration Date