California State University, Sacramento

**Public User Fee Request Form**

**Please complete sections I through IV**

**Email completed form to Jeanne Brewster at** [**brewster@csus.edu**](mailto:brewster@csus.edu)

**Subject Line: start with PUF Request**

**Section I – Fee Request Information**

|  |  |
| --- | --- |
| **Request Date:** |  |
| **Fund/Program Name:** |  |
| **Dept ID:** |  |

**(**See University Policy Manual for Implementation of Public User Fees: **Public User Fees)**

**Proposed action**(select all that apply)

□ Establish new fee(s)

□ **For Changes Only** - Existing University Fund# or UEI Account#

□ Change existing fee(s): Increase\_\_\_\_ Decrease \_\_\_\_ (In Section II, answer question 5 only)

□ Eliminate fee(s) (In Section II, answer question 6 only)

□ Close out program (In Section II, answer question 7 only)

**Proposed action effective date:**

**Sponsor Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:**  (Dept Chair/Unit Mgr-Must be MPP) |  | **Title:** |  |
| **Department:** |  | **Extension:** |  |
| **E-mail:** |  | | |

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | Signature | Printed Name | Date |
| **Dean/Program Administrator:** |  |  |  |
|  | Signature | Printed Name | Date |
| **Vice President/Provost:** |  |  |  |
|  | Signature | Printed Name | Date |

**Section II – Rationale for Fees**

Type answers after each question; text will automatically wrap.

Please limit your responses to this page

Are you an approved Center or Institute? Yes No

*If ‘yes,’ please attach Center or Institute approval documentation*

Where do you plan to deposit fees collected? University UEI

1. Why is this service or facilities being provided to the general public by the University?
2. Describe how services, facilities or materials provided are integral to the University’s mission.
3. Describe how services, facilities or materials provided are essential to the public; for example, offered at a reasonable price with reasonable terms, and at convenient times and locations.
4. Please provide a justification for the fees to be charged to the customer. Attach three (3) comparisons from similar off-campus entities (websites & include amounts) Please list the fee description(s) and amount(s) in Section III.
5. If fee is being increased or decreased then provide rationale for the change in fee level. Attach three (3) comparisons from similar off-campus entities (websites & include amounts) Please list the changes in Section III.
6. If fee is being eliminated then provide reason. Please list the changes in Section III.
7. If program is being closed out then provide reason.

**Section III – List of Fees**

Please list the fee(s) associated with providing the service or facilities in the table below. Indicate if the fee is new, being changed (increase/decrease) or being eliminated.

|  |  |  |  |
| --- | --- | --- | --- |
| **Fee Description** | **Original Fee Amount** | **Action (New, Increase, Decrease, Eliminate)** | **New Fee Amount for Change in Fee Level (Increase/Decrease)** |
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**Section IV - Fee Revenue/Expense Projection**

Complete for new fee or change in fee level. Note: minimum revenue threshold for new fees is $500 per year. Enter estimated Revenue and Expenses for the Program for Fiscal year

**This is an Excel worksheet**, **Double click on the sheet to activate**

**Section V – Review/Approval Signatures**

|  |
| --- |
| To be completed by Administration and Business Affairs |

**Is there Unrelated Business Income?** NoYes

***Reviewed for Establishing New Fee only*:** *I recommend approval of the proposed fee action.*

Accounting Services Manager Signature Printed Name Date

AVP for Financial Services Signature Printed Name Date

Tax/Compliance Specialist Signature Printed Name Date

AVP for Budget Planning & Admin Signature Printed Name Date

|  |
| --- |
| ***Reviewed for Change in Fee Level, Elimination of Fee, or Closure of Program:***  \_\_\_\_\_\_Approved \_\_\_\_\_\_\_\_Denied    AVP for Financial Services Signature Printed Name Date |

|  |
| --- |
| ***University Approval for PUF:***  \_\_\_\_\_\_Approved \_\_\_\_\_\_\_\_Denied    VP for Administration/CFO Signature Printed Name Date |

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| --- |
| ***Auxiliary Notification (if applicable)***  \_\_\_\_\_\_UEI \_\_\_\_\_\_\_\_UFSS \_\_\_\_\_\_\_\_\_\_\_\_\_Date |