

State University of New York
Academic Course / Other Fee Budget Template
Campus Name: _____

10-Nov-15

Course ID:	Course Name:	Current Amount FY2014-15	Requested Change	Proposed FY2015-16	Percent Change
WILD340	_____	\$0.00		\$0.00	#N/A

Check One: New Fee Change to Existing Fee Additional Section of Existing Course

Effective semester or date for change: _____ Department: _____
 Date of last approval: _____

Note: Please attach course description with fee request

NET REVENUE				
	Current Fee	Proposed Fee	Percent Change	Total
Number of Students	0	\$0.00	#N/A	\$0.00
Less: Overhead			Rate: 13.00%	\$0.00
Net Revenue				\$0.00

EXPENDITURES				
** Do Not Include Instructional Staff **				
	People	Qty	Per Each	
Personal Service (describe positions)				\$0.00
Personal Service Regular				\$0.00
Personal Service Temp				\$0.00
Total Personal Service				\$0.00
Fringe Benefit Cost			Rate: 56.86%	\$0.00
Student Salaries				\$0.00
Total Salaries and Benefits				\$0.00
OTPS (insert lines as needed)				\$0.00
Course Supplies				\$0.00
Laboratory/Other Materials				\$0.00
Transportation [vans]				\$0.00
Food				\$0.00
Equipment (including rental)				\$0.00
Certification				\$0.00
Chlorine Dioxide [H2O purification]				\$0.00
Closing trip end Banquet				\$0.00
Other (identify)				\$0.00
Total OTPS				\$0.00
Total Expenditures				\$0.00

NET SURPLUS (NET REVENUE MINUS EXPENDITURES)	
Net Surplus	\$0.00

IFR account where fee is deposited #: _____ Account Title: _____

Current account balance \$ _____

This fee meets the following criteria (please check appropriate box and explain in more detail below):

- Results in end-product that is retained or consumed by student. Mandatory elements of this course entail extraordinary costs.
 Results in significant savings for the student. Items are in compliance with section B.1.V of Chancellor Authorized Fees Policy 7804.

Justification for new fee or change to existing fee. Include specific data for the cost of supplies and materials or other costs for each student.

Campus Approvals

Approved By:	Name:	Title:	Signature:	Date:
Initiating department	_____	_____	_____	_____
Department Chair	_____	_____	_____	_____
Dean	_____	_____	_____	_____
Provost	_____	_____	_____	_____
VP Finance/Admin. President (or designee)	_____	_____	_____	_____

Note: E-mail trail or other documentation between the persons listed above will be accepted in lieu of actual signatures.