

California State University, Sacramento  
**CHARGEBACK FEE REQUEST**

**SECTION I**

**Requestor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Campus Zip Code:** \_\_\_\_\_

**Service Provided:** \_\_\_\_\_

**SECTION II**

- |   |   |
|---|---|
| <input type="checkbox"/> Requesting a new chargeback          | <input type="checkbox"/> Requesting a chargeback fee decrease |
| <input type="checkbox"/> Requesting a chargeback fee increase | <input type="checkbox"/> Requesting to discontinue a fee      |

Please provide the following information/documents indicated by the ✓ in the applicable category. Attach additional pages as needed to provide the information requested.

New Chargeback	Fee Increase	Fee Decrease or Discontinue	
✓	✓		A. Describe the service being provided.
✓			B. Why is the service not supported by central budget allocations?
✓			C. What is the cost to your unit if not charged back?
✓			D. What is the benefit to the user of this service?
✓			E. Provide the amount(s) charged and the methodology used to determine the charge(s).
✓	✓		F. Provide projected income and expenses for the service for the first three years.
	✓		G. Provide justification for the fee increase and impact if not approved. Also provide methodology used to determine increase.
		✓	H. Why is the fee being decreased/discontinued? What is the desired effective date if not immediately upon approval? Effective date: _____

