California State University, Sacramento

**Event Fee Request Form**

**Email completed form to Accounting Services for review by Managers:**

**accts-01@skymail.csus.edu**

**Email Subject Line: Event Fee 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 Event Type**

□ Conferences

□ Alumni events

□ Fundraisers

□ Miscellaneous Meetings/Other

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

**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).*

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

**Section II – Rationale for Event Fees**

Type answers after each question. Use a separate sheet if you need more space.

1. Why are these events being held?
2. Describe how these types of events are integral to the University’s mission.
3. Please describe the methodology used to determine the fees charged.

**Section II – Rationale for Event Fees (continued)**

1. If revenue does not cover all expenditures, how will these costs be covered?
2. If there is revenue beyond expenses (after the final event budget reconciliation), in which X-Fund will these funds be deposited?

*\* All events are expected to generate enough revenue to cover all expenses.*

1. Elimination of existing Event Fee Type: Why is it being eliminated and what will happen to any existing monies in the Fund account?

**Section III – List of Anticipated Revenue & Expenses**

Please list the types of fee(s) charged and the expected expenses associated with the type(s) of event(s) requesting in the table below. Actual prices are not required. This information will be used to create/update the specification sheet associated with the event type(s).

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| **TYPES OF FEES CHARGED** |
| **Items** | **Methodology** |
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| **TYPES OF EXPENDITURES** |
| **Items** | **Methodology** |
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**Section V – Review/Approval Signatures**

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| To be completed by Administration and Business Affairs |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is there Unrelated Business Income? | **NO** |  | **YES** |  |
| Required to Report on UBIT packet? | **NO** |  | **YES** |  |

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UBIT Compliance Manager Signature Printed Name Date

***Reviewed for Establishing New Event Fees*:** *I recommend approval of the proposed fee action.*

Accounting Services Manager Signature Printed Name Date

AVP for Financial Services Signature Printed Name Date

***Approved Change in Event Fee:***

AVP for Financial Services Signature Printed Name Date

***University Approval for PUF:***

*\_\_\_\_\_\_Approved \_\_\_\_\_\_\_\_Denied*

VP for Administration/CFO Signature Printed Name Date