



Proposed and Revised Fee Form  
Fiscal Year 2021

Department Name: \_\_\_\_\_

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

Title of Proposed Fee: \_\_\_\_\_

Proposed Fee Amount: \_\_\_\_\_ Index # \_\_\_\_\_

Purpose of the Fee: \_\_\_\_\_

Will the Fee create savings to a current Index? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, how much? \_\_\_\_\_

If no, why? \_\_\_\_\_

Projected amount of revenue: \_\_\_\_\_

How is revenue derived? \_\_\_\_\_

How will the revenue be used? \_\_\_\_\_

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Please check one of the following:

Approved: \_\_\_\_\_

Not Approved: \_\_\_\_\_

\_\_\_\_\_

Vice President Signature

Date

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