Bursar & Treasury Services
Finance & Administration
UNIVERSITY OF GEORGIA

Increase/Decrease for Existing Lab/Supply Fee

School/College/Unit: _____

Department: _____

Program: _____

Contact Information

Name of person completing this form: _____

Campus Address: _____

Campus Phone Number: _____

E-mail Address: _____

In order to use this application, the lab or supply fee must meet the criteria established in the policy for Lab/Supply Fees: Academic Affairs Policy Statement No. 4.07-04. A lab/supply fee budget is also required.
This form can be found at http://www.busfin.uga.edu/bursar/forms_lab_supply_fee_budget.pdf.

Increase fee per student from $ _____ to $ _____ *Include Revised Budget*
Decrease fee per student from $ _____ to $ _____ *Include Revised Budget*

List prefix, course numbers and course titles for all courses that will be charged this fee

_____ _____ _____
Course **Semester Offered** **Location**

_____	_____	_____	_____	_____	_____	_____
Account Code	Fund	Program	Department	Class	Operating Unit	Chartfield 1

_____ _____ _____
Course **Semester Offered** **Location**

_____	_____	_____	_____	_____	_____	_____
Account Code	Fund	Program	Department	Class	Operating Unit	Chartfield 1

**Please enter the chart string the funds will be deposited into each time a charge is received into the Student Account System. This happens as the students register for the course. This account MUST be balanced with reports received from Bursar and Treasury Services each term. If additional space is needed, please attach a separate sheet.*

Bursar and Treasury Services
Increase/Decrease for Existing Lab/Supply Fee (continued)

Individual Responsible for Reconciling Accounts Listed Above:

Name: _____ Phone: _____ Email: _____

Description of why a lab/supply increase or decrease is necessary for this course(s)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Approval/Denial

Department Head: _____ Date: _____

Dean: _____ Date: _____

Vice President for Instruction: _____ Date: _____

Approved: _____ Denied: _____ Date: _____

After consideration by the Vice President for Instruction, please provide a copy to Bursar and Treasury Services.

Clear Form

Print Form

Bursar & Treasury Services
Finance & Administration
UNIVERSITY OF GEORGIA

Lab/Supply Fee Budget

School/College/Unit: _____

Department: _____

Program: _____

Course(s): _____

Expected Enrollment: _____ Request Course Lab Fee: _____ Total Revenue: _____

Content/Supplies Needed	Cost
Total Cost	

Description (if necessary, attach a separate sheet)