

MEMO TO: Accounting & Enrollment Services subj: **LAB FEE REQUEST**

DEPARTMENT FROM: _____

Course & Title: _____

Year: _____ Section: Spring 001 Summer 301 Fall 601

Lab Fee Account Number: _____

Org. Obj. Fund

Current Lab Fee	Requested Action	Total Lab Fee
\$ _____	Initiate - Increase - Decrease - Delete (Please Circle One) \$ _____	\$ _____

Justification: _____

Justification Worksheet: Materials/Supplies Used (list each item separately)

Item Description	Cost
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Total Cost _____ / Anticipated Enrollment

Department Chair's Signature

_____ Recommended _____ Disapproved _____
College Financial Review (if applicable)

_____ Recommended _____ Disapproved _____
Dean

_____ Approved _____ Disapproved _____
Provost