

**Deleted Fee – Balance  
Expenditure Plan**

**Fee:**

**College/School:**

**Department:**

**Check one: Graduate**

**Undergraduate**

**Both**

**Check one: Upper Division**

**Lower Division**

**Both**

**Account #:** \_\_\_\_\_

**Account Balance at Year End \$** \_\_\_\_\_

Please answer the required section below. If additional space is needed attach a separate page. Please be detailed and include proof of cost for specific items as needed. If no remaining balance remains from prior semesters pertaining to this fee, please indicate this.

**Balance Expenditure Plan**

<b><i>Business Manager Name (print):</i></b>	<b><i>Date:</i></b>
<i>Signature:</i>	
<b><i>Program Unit Head or Director Name (print):</i></b>	<b><i>Date:</i></b>
<i>Signature:</i>	

