

Chargeback Request Form

To request a new chargeback or to modify an existing one, please download this form and fill it out in collaboration with your [financial advisor](#) using [Adobe Acrobat Reader](#). Once your unit leader has approved the request, your financial advisor will submit the form to the CFO for final approval by the Macro Planning Committee.

General information

Requestor's name	School or department
Email	Cost centre number 1- -

Section A: Request Details

Please indicate if you are: ☐ Requesting a new chargeback ☐ Requesting a modification to an existing chargeback

Describe the new or existing chargeback for goods or services being provided to other departments.

Indicate the proposed chargeback rate amount or the amount to be changed. Include justification for the rate including the basis on how it was calculated (e.g. direct cost, hourly rate, rates charged by external providers). Attach any supplemental information as appropriate.

Projected annual cost recovery generated by the chargeback. Include calculations for the amount.

Indicate how receiving departments or users will be notified of the charges and frequency of charges to their cost centre (e.g. via email and supporting documentation).

Section B: Review and approvals☐ Reviewed and approved by unit leader (e.g. dean or associate/assistant vice-president, vice-provost)

Name

☐ Reviewed by financial advisor

Name

Section C: Macro Planning Committee feedback (to be completed by CFO on behalf of Macro)

Comments from Macro

Approved

Date approved

Name

Signature

For Financial Services use, following all approvals

Account code (debit)

Cost centre and account code (credit)

Financial advisor name

Date