HOUSING CHARGE FORM

NAME: _____ ID NUMBER:_____

Please make the following adjustment of room charges as of _____ due to ☐ judicial sanction, ☐ fine ☐ damage, ☐ private room or other:

_____.

Please list a thorough description of the charges and the exact amount of the fine/damage.

Description	Amount	Dorm	Fine/Damage
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Action taken:_____

_____

_____

_____ _____

Student Signature (if applicable) Date

_____ _____

Staff Signature Date

Reduce _____ -- $ _____. Charge _____ -- $ _____.

Reduce _____ -- $ _____. Charge _____ -- $ _____.

Reduce _____ -- $ _____. Charge _____ -- $ _____.

Action taken:_____

_____

_____

_____ _____

Director of Payroll & Special Services Date