 

**Recharge Operation Mid-Year Rate Adjustment Request Form**

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| *Recharge Operation Name* |  |
| *Account Numbers (GL/SL)* |  |
| *Executive Level/Department* |  |

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| *Recharge Operation Manager* |  |
| *Title* |  |
| *Phone Number* |  |
| *Email* |  |

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| *Recharge Financial Manager* |  |
| *Title* |  |
| *Phone Number* |  |
| *Email* |  |

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| *Description of the reason for a mid-year rate adjustment, including whether rates will decrease or increase* |  |

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| *Recharge Financial Manager Signature:* |  |
| *Recharge Financial Manager Name (print):* |  |
| *Recharge Financial Manager Email:* |  |
| *Request Date:* |  |
| ***Financial Services Approval Signature:*** |  |
| ***Approval Date:*** |  |