SOUTHEAST MISSOURI STATE UNIVERSITY · 1873

Short Term Domestic Trip
Student Fee Calculation Sheet

CRN: _____ Term/Year: _____ Class Title: _____

Program Name: _____ Destination of Travel: _____

Credit Hours: _____ Anticipated Enrollment: _____ Dates of Travel: _____

Instructor of Record Name(s): _____ Workload Hours: _____

_____ Workload Hours: _____

_____ Workload Hours: _____

Chaperone (if required): _____

Anticipated Overhead Costs (including faculty and chaperone travel expenses):

Item	Description (Attach additional sheets as necessary)	Cost	Anticipated Enrollment	Total Cost
Airfare				
Lodging				
Vehicle Rental/Gas				
Food				
Entertainment, Tours, etc.				
Other				
Total Anticipated Overhead	*(add the total cost for each item)*			

Funding Available to Offset Anticipated Overhead Costs:

Item	Description	Total Funding
Anticipated Revenue Share	($50 x credit hours x anticipated enrollment)	
Professional Development Funds		
Foundation Funds		
Other		
Total Funding Available	*(add the total cost for each item)*	

Net Overhead Costs*	**Anticipated Overhead Costs (from above) minus Funding Available**	

Calculated Student Program Fee:

Item	Description (Attach additional sheets as necessary)	Cost	Qty	Total Cost
Airfare				
Lodging				
Vehicle Rental/Gas				
Food				
Entertainment, Tours, etc.				
Contingency				
Other				
Net Overhead Costs* (from above)				
Total Anticipated Cost	*(add the total cost for each item)*			

Total Anticipated Cost Divided by Anticipated Enrollment (cost per student)	

Approval Signatures:

Department Chair Date

Dean Date

Provost Date

VP of Finance & Administration Date

Updated: 01/15/2019