



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

Program Name: _____ Destination of Travel: _____

Instructor(s) of Record: _____

Chaperone (if required): _____

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

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	<i>(add the total cost for each item)</i>			

Funding Available to Offset Anticipated Overhead Costs:

Item	Description	Total Funding
Professional Development Funds		
Foundation Funds		
Other		
Total Funding Available	<i>(add the total cost for each item)</i>	

Net Overhead Costs*	Net Overhead Costs From Above minus Funding Available	
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Calculated Student Program Fee:

Item	Description (attach additional sheets as necessary)	Cost	Qty	Total Cost
Airfare				
Lodging				
Vehicle Rental/Gas				
Food				
Entertainment, Tours, etc.				
Other				
Net Overhead Costs* (From Above)				
Total Anticipated Cost	<i>(add the total cost for each item)</i>			

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

Department Chair

Dean

Provost/Vice Provost

VP of Finance & Administration