

**Annual Budget/Expense Report**  
**Due: March 1**

Date: \_\_\_\_\_

School/College/Unit \_\_\_\_\_

Department \_\_\_\_\_

Program \_\_\_\_\_

Account number \_\_\_\_\_

Contact Information:

Name of person completing this form \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

E-mail address \_\_\_\_\_

**Annual Budget/Expense Report**  
**Due: March 1**

	Fiscal Year 20____ Anticipated                      Actual	Fiscal Year 20____ Anticipated
<b><u>Participation</u></b> Number of students Number of courses to be offered Graduate Undergraduate Credit hour production		
<b><u>Revenue (total tuition revenue)</u></b> Tuition Other funding** <b>Total revenue (tuition revenue plus other funding)</b>		
<b><u>Expense</u></b> <b>Personnel Services</b> <b>Faculty</b> UGA faculty salaries UGA extra compensation Part-time faculty <b>Faculty subtotal</b> <b>Graduate teaching assistants</b> <b>Permanent salaried employees</b> <b>Temporary hourly assistants</b> <b>Administrative support</b> <b>Total personnel services</b>  <b>Non-personnel services</b> <b>Travel</b> <b>Operating supplies and expense</b> Recruiting and marketing Computer software/licenses Honorarium Administrative supplies Other** <b>Operating subtotal</b> <b>Equipment</b> <b>Total non-personnel services</b> <b>Total expense</b>		
<b><u>Program totals</u></b> <b>Anticipated</b> <b>March 1 actual</b>		

\*Is a tuition differential assessed to this degree program? Yes\_\_\_\_\_ No \_\_\_\_\_

\*\*Explain other.

Please be sure to include the total estimated program fees and cost per student.

An annual budget report will be required for all programs/courses which receive approval for field study.

Approvals:

Department Head \_\_\_\_\_ Date \_\_\_\_\_

Director \_\_\_\_\_ Date \_\_\_\_\_

Dean \_\_\_\_\_ Date \_\_\_\_\_

Graduate School \_\_\_\_\_ Date \_\_\_\_\_

Vice President for Instruction \_\_\_\_\_ Date \_\_\_\_\_

Senior VP Finance \_\_\_\_\_ Date \_\_\_\_\_  
and Administration

Approved \_\_\_\_\_ Denied \_\_\_\_\_

SVPA and Provost \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Percentage of tuition to be returned: \_\_\_\_\_

Start date: \_\_\_\_\_

After consideration by the Senior Vice President for Academic Affairs and Provost, please return the completed application to the Office of Curriculum Systems, 318 New College.