Special Course and Academic Program Fee

Review Form

Signature Page

Prepared By:

Victoria Foster — Signature

Victoria Foster — Printed Name

9/5/19 — Date

The Chair/Associate Dean and Dean of the College requesting this fee must sign the signature page prior to review of this Application Form by the Special Course and Academic Fees Advisory Committee.

Chair/Associate Dean/Associate VPAA:

Signature — Date: 9/20/2019

College Dean (if applicable)

Signature — Date

By signing you are indicating that you reviewed the fee and/or the comments made by the advisory committee.

Chair of the Special Course and Academic Fees Advisory Committee:

Signature — Date: Nov 1, 2019

Provost

kevindemmitt@clayton.edu kevindemmitt@clayton.edu (Nov 1, 2019)

Signature — Date: Nov 1, 2019

President

Signature — Date: Nov 1, 2019

Fee Name	Committee Review Comments	FY19 amount reviewed/FY20 Collecting/FY21 approved	Requires Application to USG/BoR? Yes or No
NURS 3202 Lab Fee	*Review*: The committee was concerned that a narrative was not provided even though the form indicates that it should be provided. Since a narrative was not given and only $35 was collected the committee feels that the department no longer needs this fee and that perhaps the nursing program fee can now cover these lab expenses. In order to maintain this fee the department will need to submit an appeal that contains a narrative that explains why the fee was not collected last fiscal year and why the fee is needed. *Appeal*: The Department decided to not appeal this fee and thus it will not be collected in the future.	FY19: $15/course (not collected) FY 20: $15/course FY 21: $0/course	No

Special Course and Academic Program Fee

Review Form

Fiscal Year Review (Ex. FY15): 2019

Department/College: College of Health, School of Nursing

Fee Name: RN-BSN Course Fee

List the course(s) or program(s) for which this fee applies:

NURS 3202 – Course Fee Lab Fee $ 35.00

Revenue Collected this Fiscal Year $35.00
(obtain this from the revenue summary report you attach)

Please complete the expenditures chart below (obtain this from the budget activity report you attach).

Expenditures	**Amount**
Personal Services	
511000-Faculty	
512000-PT Faculty	
513000-Summer Faculty	
521000-Prof/Admin	
522000-Staff	
523000-Grad Asst	
524000-Student Asst	
525000-Casual Labor	
551000-FICA	
552000-Retirement Systems	
553000-Group Insurance	
566000-Other Personal Services	
Travel	
641000-Employee Travel	
651000-NonEmployee Travel	
OS&E	
714000-Supplies and Materials	
715000-Repairs and Maintenance	
719000-Rents(Non Real Estate)	

720000-Insurance and Bonding	
727000-Other Operating Expense	
727120 – Other Operating Expense - Subscription	35.00
733000-Software	
742000-Publications and Printing	
743000-Equipment(Small Value)	
744000-IT Equipment(Small Value)	
748000-Real Estate Rentals	
751000-Per Diems & Fees	
753000-Contracts	
771000-Telecommunications	
781000-Scholarships	
783000-Stipends	
Equipment	
843000-Equipment(Inventory)	
Total Expenditures	35.00
Net Operating Gain (Loss) *Subtract your total revenue from your total expenditures.*	0

Attach the following to this form:

- A Revenue Summary Report (from People Soft Financials).
- A Budget Activity Report—Detail (from People Soft Financials)
- For each expenditure in the report provide an explanation of what was purchased (typically provided in a spreadsheet format).
- A memo or cover letter addressing any items/services purchased that did not exist in the original narrative provided on the original application form, any unusual circumstances you noted about the fee, and/or any significant remaining revenue or deficit in the fee account. If you feel that the fee should be reduced, eliminated or increased you will need to submit a new application for the fee.

REVENUE SUMMARY REPORT
Clayton State University

ısiness Unit: 28000
scal Year: 2019 **From Acct. Period:** 1 **To Acct. Period:** 12

ınd: 10600 **Department:** 0610270 RN-BSN Course Fees

Class: 11000 General Operations **Project/Grant:**

409000 - Other Fees

409943	Health Science Lab Fee	-35.00
	Class Sub-Total	-35.00
	Dept Total	-35.00

BUDGET ACTIVITY REPORT - Detail
Clayton State University

Budget Manager: Scott,William M
Department: 0610270 RN-BSN Course Fees
Fund Code: 10600 Other General

Budget Ref: 2019
All Fiscal Periods: No

From Fiscal Year: 2019
Acct Period From: 1 (JUL2018)

To Fiscal Year: 2019
Acct Period To: 12 (JUN2019)

Account	Jrnl/Tran Date	Type	DocumentID	Line	Description	Program/ Class	APPROP Budgeted / Vendor	ORG Budgeted / Check	Pre-Encum	Encumbrance	Expended	Remaining
700000					**Operating Supplies & Expenses**	11100 / 11000	1,500.00					
727000					Other Operating Expense	11100 / 11000		0.00				
727120					Oth Oper Exp - Subscriptions							
	06/18/19	Vchr	05342293	1	Adj to 5338362		MICHIGANHE	Z0000043194	0.00	0.00	35.00	
	Totals								**0.00**	**0.00**	**35.00**	**-35.00**
Operating Supplies & Expenses Total							**1,500.00**	**0.00**	**0.00**	**0.00**	**35.00**	**1,465.00**
Totals for Dept/Fund/Program/Class:												
						0610270 / 10600	**11100 / 11000**	**1,500.00**	**0.00**	**0.00**	**0.00**	**35.00**	**1,465.00**
Totals for Dept/Fund:												
						0610270 / 10600		**1,500.00**	**0.00**	**0.00**	**0.00**	**35.00**	**1,465.00**

HLTH 3202 - Operating Supplies & Expenses

Fund 10600 Dept. ID 0610270 Program 11100 Class 11000

Collected to Date

Beg. Balance
$35.00

06/18/19	AceMap	clinical placement documentation system	$35.00		JE	35.00

Nurs 3202 Review

Final Audit Report 2019-11-01

Created:	2019-11-01
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