

Special Course and Academic Program Fee

Review Form

Signature Page

Prepared By:

Betty Lane Betty Lane 8/29/15
Signature Printed Name 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:

College Dean (if applicable)

Beth Lane 8/29/15 Sachdevya
Signature Date 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

Michelle Furlong
Digitally signed by Michelle Furlong
DN: cn=Michelle Furlong, o=Clayton State University, ou=Biology, email=mfurlong@clayton.edu, c=US
Date: 2015.09.23 06:59:19 -04'00'

Provost

Signature Date

Kevin Demmitt
Digitally signed by Kevin Demmitt
DN: cn=Kevin Demmitt, o=Clayton State University, email=kevindemmitt@clayton.edu, c=US
Date: 2015.09.28 16:28:59 -04'00'

President

Signature Date

Please see committee comments on next page.

Committee Notes on Fee Review for FY 2015:

Fee: BSN Program Fee

Comments:

Budget manager did not follow directions on the form, which made it difficult to review. The revenue was \$4,617.72 less than what was expended or encumbered. An explanation was not provided for this loss. The committee recommends that the budget manager be more careful to follow the directions on the form and provide the necessary materials so that the committee can review the fee appropriately.

Recommended changes: no changes are recommended for this fee

Special Course and Academic Program Fee

Review Form

Fiscal Year Review (Ex. FY15): BSN Basic Licensure Nursing Program Fee Budget

Department/College: School of Nursing

Fee Name: BSN Basic Licensure Program Fee

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

BSN Basic Licensure Program

Revenue Collected this Fiscal Year 111,219.00

(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
<i>Personal Services</i>	
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	
<i>Travel</i>	
641000-Employee Travel	
651000-NonEmployee Travel	
<i>OS&E</i>	
714000-Supplies and Materials Includes encumbered	17,495.82
715000-Repairs and Maintenance	
719000-Rents(Non Real Estate)	

Special Course and Academic Program Fee

Review Form

720000-Insurance and Bonding Includes 721000 Claims/ indemnity	4,144.00
727000-Other Operating Expense Includes encumbered	80,602.90
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)	13,595
Total Expenditures	115,837.72
Revenue Collected	111,220.00
Net Operating Gain (Loss) <i>Subtract your total revenue from your total expenditures.</i>	Loss 4,617.72

Attach the following to this form:

- A Revenue Summary Report (from People Soft Financials). **Attachment A**
- A Budget Activity Report—Detail (from People Soft Financials) **Attachment B**
- For each expenditure in the report provide an explanation of what was purchased (typically provided in a spreadsheet format). **Attachment C**
- 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.

A

REVENUE SUMMARY REPORT
Clayton State University

Business Unit: 28000

Fiscal Year: 2015

From Acct. Period: 1 To Acct. Period: 12

Fund: 10600

Department: 0610210 Nursing Program Fees

Class: 11000 Gen Opns - General

Project/Grant:

409000 - Other Fees

409513 #Nursing Program Fees

-111,219.00

Class Sub-Total -111,219.00

Dept Total -111,219.00

BUDGET ACTIVITY REPORT - Detail
Clayton State University

Budget Manager: Lane, Betty Susan	Budget Ref: 2015	From Fiscal Year: 2015	To Fiscal Year: 2015
Department: 0610210 Nursing Program Fees	All Fiscal Periods: No	Acct Period From: 1 (JUL2014)	Acct Period To: 12 (JUN2015)
Fund Code: 10600 Other General			

<u>Account</u>	<u>Jrnl/Tran</u>	<u>Program/</u>			<u>APPROP</u>	<u>ORG</u>	<u>Pre-Encum</u>	<u>Encumbrance</u>	<u>Expended</u>	<u>Remaining</u>
<u>Date</u>	<u>Type</u>	<u>DocumentID</u>	<u>Line</u>	<u>Class</u>	<u>Budgeted</u>	<u>Budgeted</u>				
				<u>Description</u>	<u>Vendor</u>	<u>Check</u>				
700000	Operating Supplies & Expenses			11100 / 11000	111,220.00					
714000	Supplies and Materials			11100 / 11000		0.00				
714100	Supplies & Materials Expense									
07/10/14	Vchr	04032353	1	Bal of Medication Chart	POCKETNURS	213529	0.00	0.00	324.69	
07/10/14	Vchr	04032354	1	Simulated Blood	POCKETNURS	213529	0.00	0.00	50.85	
07/31/14	JE	PC01101891	207	07/31/2014 Procurement Card			0.00	0.00	528.85	
11/14/14	Vchr	04034789	1	Bal not covered by PO 402607	LOGIFLEX	215180	0.00	0.00	310.59	
04/15/15	JE	PC00165965	258	04/15/2015 Procurement Card (S			0.00	0.00	72.98	
04/15/15	JE	PC00165965	330	04/15/2015 Procurement Card (S			0.00	0.00	18.50	
04/15/15	JE	PC00165965	440	04/15/2015 Procurement Card (S			0.00	0.00	465.05	
05/15/15	JE	PC00180737	192	5/15/2015 Procurement Card (S.			0.00	0.00	2,460.00	
05/15/15	JE	PC00180737	222	5/15/2015 Procurement Card (S.			0.00	0.00	36.00	
06/09/15	PO	0000510190	1	VARIOUS NURSING LAB SUPPLIES -	MCKESSONME		0.00	7,116.80	0.00	
06/29/15	PO	0000510187	2	SLIMVIEW BASIC SETUP	LAERDALMED		0.00	1,715.00	0.00	
06/29/15	PO	0000510187	3	ALL IN ONE PANEL PC INSTRUCTORS PA HP	LAERDALMED		0.00	2,781.00	0.00	
06/29/15	PO	0000510187	4	BLOOD PRESSURE TRAINING ARM	LAERDALMED		0.00	1,079.76	0.00	
714110	Sup & Mat Exp - Postage									
10/31/14	JE	EKT1000521	9	Postage Allocation - October 2			0.00	0.00	62.13	
11/30/14	JE	EKT1000527	12	Postage Allocation - November			0.00	0.00	5.68	
12/31/14	JE	EKT1000534	8	Postage Allocation - December			0.00	0.00	9.35	
01/31/15	JE	EKT1000541	8	Postage Allocation - January 2			0.00	0.00	6.46	
02/28/15	JE	0001172869	52	Postage Allocation - February			0.00	0.00	11.17	
03/31/15	JE	0000152983	18	Postage Allocation - March 20			0.00	0.00	1.44	
04/30/15	JE	EKT1000548	9	Postage Allocation - April 201			0.00	0.00	87.07	
05/31/15	JE	EKT1000554	9	Postage Allocation - May 2015			0.00	0.00	30.15	
06/22/15	JE	0000185392	2	To reclass postage allocation			0.00	0.00	-213.45	
714111	Sup & Mat-Ship/Handl/Freight									
06/29/15	PO	0000510187	5	SHIPPING	LAERDALMED		0.00	85.75	0.00	
714120	Supplies & Matl Exp - Other									
02/24/15	Vchr	04036556	1	Jt. semi-anl & anl NCLEX-RN	MOUNTAINME	216416	0.00	0.00	450.00	
Totals							0.00	12,778.31	4,717.51	-17,495.82
720000	Insurance And Bonding			11100 / 11000		0.00				
720100	Insurance And Bonding									
05/26/15	Vchr	05301175	1	Spring Cohort 2015 Coverage	POINTENORT	217658	0.00	0.00	431.00	
Totals							0.00	0.00	431.00	-431.00



BUDGET ACTIVITY REPORT - Detail
Clayton State University

Budget Manager: Lane, Betty Susan	Budget Ref: 2015	From Fiscal Year: 2015	To Fiscal Year: 2015
Department: 0610210 Nursing Program Fees	All Fiscal Periods: No	Acct Period From: 1 (JUL2014)	Acct Period To: 12 (JUN2015)
Fund Code: 10600 Other General			

<u>Account</u>	<u>Jrnl/Tran</u>	<u>Date</u>	<u>Type</u>	<u>DocumentID</u>	<u>Line</u>	<u>Program/ CLASS Description</u>	<u>APPROP Budgeted Vendor</u>	<u>ORG Budgeted Check</u>	<u>Pre-Encum</u>	<u>Encumbrance</u>	<u>Expended</u>	<u>Remaining</u>
721000	Claims And Indemnities					11100 / 11000		0.00				
721100	Claims And Indemnities											
		05/28/15	JE	0000180122	2	Correct Liability insurance ex			0.00	0.00	3,713.00	
	Totals								0.00	0.00	3,713.00	-3,713.00
727000	Other Operating Expense					11100 / 11000		0.00				
727126	#Test - Nursing											
		09/02/14	PO	0000402743	1	TESTING AND ASSESSMENT FOR COLLEGE OF	KAPLANINC		0.00	-36,489.50	0.00	
		09/02/14	PO	0000402743	1	TESTING AND ASSESSMENT FOR COLLEGE OF	KAPLANINC		0.00	72,979.00	0.00	
		09/02/14	PO	0000402743	1	TESTING AND ASSESSMENT FOR COLLEGE OF	KAPLANINC		0.00	0.00	0.00	
		09/25/14	Vchr	04033744	1	Assessmant testing/Tools- Nur	ASSESSMENT	214455	0.00	0.00	9,591.92	
		10/17/14	PO	0000402808	1	RN ASSESSMENT ESSENTIALS BASIC PACKA	ASSESSMENT		0.00	9,383.40	0.00	
		10/17/14	PO	0000402808	2	RN ASSESSMENT ESSENTIALS BASIC PACKA	ASSESSMENT		0.00	8,014.50	0.00	
		10/17/14	PO	0000402808	3	RN ASSESSMENT ESSENTIALS BASIC PACKA	ASSESSMENT		0.00	9,042.00	0.00	
		10/17/14	PO	0000402808	4	RN ASSESSMENT ESSENTIALS BASIC PACKA	ASSESSMENT		0.00	8,425.50	0.00	
		10/17/14	PO	0000402808	5	RN ASSESSMENT ESSENTIALS BASIX PACKA	ASSESSMENT		0.00	9,247.50	0.00	
		11/10/14	Vchr	04034648	1	RN ASSESSMENT ESSENTIALS BASI	ASSESSMENT	215121	0.00	0.00	9,383.40	
		11/10/14	Vchr	04034648	1	Enc Liquidation: 0000402808/1	ASSESSMENT		0.00	-9,383.40	0.00	
		11/10/14	Vchr	04034650	1	Enc Liquidation: 0000402808/2	ASSESSMENT		0.00	-8,014.50	0.00	
		11/10/14	Vchr	04034650	1	RN ASSESSMENT ESSENTIALS BASI	ASSESSMENT	215121	0.00	0.00	8,014.50	
		11/10/14	Vchr	04034651	1	RN ASSESSMENT ESSENTIALS BASI	ASSESSMENT	215121	0.00	0.00	9,042.00	
		11/10/14	Vchr	04034651	1	Enc Liquidation: 0000402808/3	ASSESSMENT		0.00	-9,042.00	0.00	
		04/30/15	JE	0000162714	1	To move expenditures related t			0.00	0.00	-9,591.92	
		05/19/15	Vchr	05301019	1	TESTING AND ASSESSMENT FOR COL	KAPLANINC	217569	0.00	0.00	13,972.00	
		05/19/15	Vchr	05301019	1	Enc Liquidation: 0000402743/1	KAPLANINC		0.00	-13,972.00	0.00	
		05/19/15	Vchr	05301023	1	Enc Liquidation: 0000402808/4	ASSESSMENT		0.00	-8,425.50	0.00	
		05/19/15	Vchr	05301023	1	RN ASSESSMENT ESSENTIALS BASI	ASSESSMENT	217596	0.00	0.00	8,425.50	
		05/19/15	Vchr	05301023	2	Enc Liquidation: 0000402808/5	ASSESSMENT		0.00	-616.50	0.00	
		05/19/15	Vchr	05301023	2	RN ASSESSMENT ESSENTIALS BASI	ASSESSMENT	217596	0.00	0.00	616.50	
		05/19/15	Vchr	05301026	1	Enc Liquidation: 0000402808/5	ASSESSMENT		0.00	250.00	0.00	
		05/19/15	Vchr	05301026	1	RN ASSESSMENT ESSENTIALS BASI	ASSESSMENT	217596	0.00	0.00	-250.00	
		05/19/15	Vchr	05301027	1	RN ASSESSMENT ESSENTIALS BASI	ASSESSMENT	217596	0.00	0.00	8,836.50	
		05/19/15	Vchr	05301027	1	Enc Liquidation: 0000402808/5	ASSESSMENT		0.00	-8,836.50	0.00	
		05/19/15	Vchr	05301029	1	Enc Liquidation: 0000402808/5	ASSESSMENT		0.00	-44.50	0.00	
		05/19/15	Vchr	05301029	1	RN ASSESSMENT ESSENTIALS BASI	ASSESSMENT	217596	0.00	0.00	44.50	
		05/19/15	Vchr	05301030	1	Bal due from PO#402808	ASSESSMENT	217596	0.00	0.00	0.50	
		06/19/15	Vchr	05301723	1	Enc Liquidation: 0000402743/1	KAPLANINC		0.00	-7,360.25	0.00	

BUDGET ACTIVITY REPORT - Detail
Clayton State University

Budget Manager: Lanc, Betty Susan	Budget Ref: 2015	From Fiscal Year: 2015	To Fiscal Year: 2015
Department: 0610210 Nursing Program Fees	All Fiscal Periods: No	Acct Period From: 1 (JUL2014)	Acct Period To: 12 (JUN2015)
Fund Code: 10600 Other General			

<u>Account</u>	<u>Jrnl/Tran</u>	<u>Date</u>	<u>Type</u>	<u>DocumentID</u>	<u>Line</u>	<u>Program/ Class Description</u>	<u>APPROP Budgeted Vendor</u>	<u>ORG Budgeted Check</u>	<u>Pre-Encum</u>	<u>Encumbrance</u>	<u>Expended</u>	<u>Remaining</u>
	06/19/15	Vchr		05301723	1	TESTING AND ASSESSMENT FOR COL	KAPLANINC	218106	0.00	0.00	7,360.25	
727145	#Marketing											
	09/09/14	Vchr		04033363	1	Bal due to Chng Ord/PO #402549	ANDREWSBUS	214215	0.00	0.00	919.05	
	10/31/14	JE		0001129333	1	Move Marketing Expense, AP Vou			0.00	0.00	-919.05	
	Totals								0.00	15,157.25	65,445.65	-80,602.90
Operating Supplies & Expenses Total								111,220.00	0.00	0.00	74,307.16	8,977.28
800000	Equip Purch/Capital Outlay					11100 / 11000		0.00				
843000	Special Purchases					11100 / 11000		0.00				
843100	Equipment Purch-Inventory											
	06/29/15	PO		0000510187	1	SLIM/VIEW/AVSTRADE DIGIT/ANALOG SIMU LAERDALMED			0.00	13,595.00	0.00	
	Totals								0.00	13,595.00	0.00	-13,595.00
Equip Purch/Capital Outlay Total								0.00	0.00	13,595.00	0.00	-13,595.00
<u>Totals for Dept/Fund/Program/Class:</u>												
	0610210 / 10600					11100 / 11000		111,220.00	0.00	0.00	41,530.56	-4,617.72
<u>Totals for Dept/Fund:</u>												
	0610210 / 10600							111,220.00	0.00	0.00	74,307.16	-4,617.72

BSN Course Fee

Speedtype Fund 10600 Dept. ID 0610270 Program 11100 Class 11000

Vendor	Item/Description	Cost		
Kaplan	Assessment Testing	36,489.50	80,602.90	total Standardized Testing
Ati	Assessment Testing	8,014.50		
Ati	Assessment Testing	9,383.40		
Ati	Assessment Testing	9,042.00		
Ati	Assessment Testing	9,247.50		
Ati	Assessment Testing	8,425.50		
Ati	Assessment Testing	0.50		
Pointe North	Liability Insurance cost \$ 18.75 per student	3,713.00	4,144.00	liability insurance total
	Spring Liability Insurance	431.00		
Grace Training	Nurse Kits for nursing student simulations	2,460.00	17,495.82	Lab Expenses & Supplies
Medical Shiptment	Lab Supplies	72.98		
Logiflex	Logiflex	528.85		
Logiflex	Balance due on cabinet - Logiflex - Cabinet for lab- modified to meet needs	310.59		
Pocket Nurse	Balance on Med Cart	324.69		
Pocket Nurse	Lab Supplies - simulated blood	50.85		
Laerdal Medical Corp.	simulatiuon model with computer	5,661.51		
McKesson	Various simulation supplies for nursing lab	7,116.80		
Pocket Nurse	Nursing Simulation Supplies - balance due for additional items after utiling balance off of PO#102597	36.00		
	Mountain Measurement - NCLEX Assessment	450.00		
Pocket Nurse	Lab Supplies	465.05		
Pocket Nurse	Lab Supplies	18.50		
Laerdal Medical Corp	Slim Model	13,595.00	13,595.00	Equipment Purch-Inventory
	Total	102,242.72	115,837.72	

7

Special Course and Academic Program Fee

Review Form

Signature Page

Prepared By:

Betty Lane
Signature

Betty Lane
Printed Name

8/29/15
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:

Betty Lane
Signature

8/29/15
Date

College Dean (if applicable)

Lisa Eckelby
Signature

9/1/15
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

Michelle Furlong
Digitally signed by Michelle Furlong,
DN: cn=Michelle Furlong,
o=Clayton State University,
ou=Biological,
email=mfurlong@clayton.edu,
c=US
Date: 2015.09.23 11:57:24 -0400'

Provost

Signature

Date

Kevin Demmitt

Digitally signed by Kevin Demmitt,
DN: cn=Kevin Demmitt, o,
ou=Clayton State University,
email=kevindemmitt@clayton.edu,
c=US
Date: 2015.09.28 16:37:28 -04'00'

President

Signature

Date

See committee comments on next page.

Committee Notes on Fee Review for FY 2015:

Fee: Lab HLTH 3202 fee

Comments:

Budget manager did not follow directions on the form, which made it difficult to review. The revenue was \$742.89 more than what was expended or encumbered. This means that 45% of the collected revenue was not spent and no explanation was provided. There was no explanation about the office supplies purchased using funds from this fee. The fee should be used to support specific needs of the lab and not general office supplies. The committee recommends that the fee manager more carefully allocate charges to the correct account or provide more detail about each expenditure (if the supplies were needed for the lab only).

The committee also indicated that if significant revenue remains in this account during the FY16 review or if the fee is not spent appropriately then the fee will be reduced.

Recommended changes: no changes are recommended for this fee for FY17

Special Course and Academic Program Fee

Review Form

Fiscal Year Review (Ex. FY15): RN-BSN fee budget

Department/College: School of Nursing

Fee Name: Lab Health Assessment Fee for RN's

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

HLTH 3202 Health Assessment Lab for RNs

Revenue Collected this Fiscal Year 1,645

(obtain this from the revenue summary report you attach)

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

<u>Expenditures</u>	<u>Amount</u>
<i>Personal Services</i>	
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	
<i>Travel</i>	
641000-Employee Travel	
651000-NonEmployee Travel	
<i>OS&E</i>	
714000-Supplies and Materials Includes encumbered	902.11
715000-Repairs and Maintenance	
719000-Rents(Non Real Estate)	

Special Course and Academic Program Fee

Review Form

720000-Insurance and Bonding	
727000-Other Operating Expense	
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	
<i>Equipment</i>	
843000-Equipment(Inventory)	
Total Expenditures	902.11
Revenue Collected	1,645
Net Operating Gain (Loss) <i>Subtract your total revenue from your total expenditures.</i>	Gain 742.89

Attach the following to this form:

- A Revenue Summary Report (from People Soft Financials). See attachment A
- A Budget Activity Report—Detail (from People Soft Financials) See attachment B
- For each expenditure in the report provide an explanation of what was purchased (typically provided in a spreadsheet format). See attachment C
- 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.

A

REVENUE SUMMARY REPORT
Clayton State University

Business Unit: 28000

Fiscal Year: 2015

From Acct. Period: 1 To Acct. Period: 12

Fund: 10600

Department: 0610270 RN-BSN Course Fees

Class: 11000 Gen Opns - General

Project/Grant:

409000 - Other Fees

409517 #RN-BSN Course Fees

-1,645.00

Class Sub-Total

-1,645.00

Dept Total

-1,645.00

BUDGET ACTIVITY REPORT - Detail
Clayton State University

Budget Manager: Lane, Betty Susan	Budget Ref: 2015	From Fiscal Year: 2015	To Fiscal Year: 2015
Department: 0610270 RN-BSN Course Fees	All Fiscal Periods: No	Acct Period From: 1 (JUL2014)	Acct Period To: 12 (JUN2015)
Fund Code: 10600 Other General			

<u>Account</u>	<u>Jrn/Tran</u>	<u>Program/Class</u>			<u>APPROP</u>	<u>ORG</u>	<u>Pre-Encum</u>	<u>Encumbrance</u>	<u>Expended</u>	<u>Remaining</u>	
<u>Date</u>	<u>Type</u>	<u>DocumentID</u>	<u>Line</u>	<u>Description</u>	<u>Budgeted</u>	<u>Budgeted</u>					
					<u>Vendor</u>	<u>Check</u>					
700000	Operating Supplies & Expenses			11100 / 11000		1,645.00					
714000	Supplies and Materials			11100 / 11000		0.00					
714100	Supplies & Materials Expense										
06/09/15	PO	0000510191	1	VARIOUS OFFICE SUPPLIES PER ATTACHED	STAPLESCON		0.00	800.11	0.00		
714103	#Docutech Charges										
02/27/15	JE	EXT1000543	5	Docutech Feb 2015			0.00	0.00	102.00		
	Totals						0.00	800.11	102.00	-902.11	
721000	Claims And Indemnities			11100 / 11000		0.00					
721100	Claims And Indemnities										
10/06/14	Vchr	04033983	1	Renewal pmt - SPL Ins FY15	POINTEWORT	214677	0.00	0.00	3,713.00		
03/04/15	JE	B001168759	211	Banner - Miscellaneous Receipt			0.00	0.00	-742.89		
05/28/15	JE	0000180122	1	Correct Liability insurance ex			0.00	0.00	-3,713.00		
	Totals						0.00	0.00	-742.89	742.89	
Operating Supplies & Expenses Total						<u>1,645.00</u>	<u>0.00</u>	<u>0.00</u>	<u>800.11</u>	<u>-640.89</u>	<u>1,485.78</u>
 Totals for Dept/Fund/Program/Class:											
	0610270 / 10600			11100 / 11000		<u>1,645.00</u>	<u>0.00</u>	<u>0.00</u>	<u>800.11</u>	<u>-640.89</u>	<u>1,485.78</u>
 Totals for Dept/Fund:											
	0610270 / 10600					<u>1,645.00</u>	<u>0.00</u>	<u>0.00</u>	<u>800.11</u>	<u>-640.89</u>	<u>1,485.78</u>

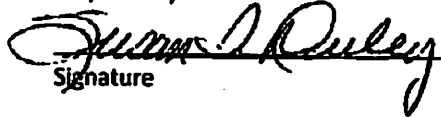
B

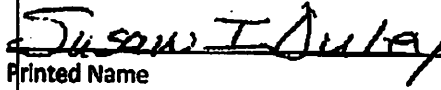
Special Course and Academic Program Fee

Review Form

Signature Page

Prepared By:


Signature


Printed Name

8-27-15
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:

College Dean (if applicable)


Signature

8-27-15
Date

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

Michelle
Furlong

Digitally signed by Michelle Furlong
DN: cn=Michelle Furlong, o=Clayton
State University, ou=Biology,
email=mfurlong@clayton.edu, c=US
Date: 2015.09.23 06:48:21 -04'00'

Provost

Signature

Date

Kevin
Demmitt

Digitally signed by Kevin Demmitt
DN: cn=Kevin Demmitt, o, ou=Clayton
State University,
email=kevindemmitt@clayton.edu, c=US
Date: 2015.09.28 16:31:59 -04'00'

President

Signature

Date

Please see committee comments on next page. Please obtain dean's signature and return to academic affairs.

Committee Notes on Fee Review for FY 2015:

Fee: Dental Hygiene Lab fee

Comments:

The fees revenue appears to have been spent appropriately on supplies to support the labs, but there was a significant amount of revenue remaining.

The Department of Dental Hygiene has experienced a rough year (and last year as well). They transitioned through two different department chairs and administrative assistants. Due to the lack of consistent leadership the department left \$7,266.54 remaining in this account, which was 85% of the revenue collected! The new budget manager who was hired after the FY15 year ended provided an explanation about the remaining revenue in her report. The committee felt this was understandable (especially since that revenue is typically spent efficiently by the department). The committee is not going to recommend a reduction in the fee this year. However, if significant revenue remains in FY16 the committee may decide to reduce the fee.

One statement made by the new budget manager concerned members of the committee. It indicated that they should have moved funds from this fee account to another account so that the funds would not be swept. It should be noted that this is not allowed. The fees have to be spent on the courses in which they are collected. If revenue remains in the account and cannot be spent on those courses that are offered in the same fiscal year they are collected then this means that the fee should be reduced (or less revenue should be collected from those students).

Recommended changes: no changes are recommended for this fee for FY17

Special Course and Academic Program Fee

Review Form

Fiscal Year Review (Ex. FY15): FY2015

Department/College: Department of Dental Hygiene

Fee Name: Dental Hygiene Lab Fee

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

3100C	
3110L	
3120L	
4300C	
3300A	
3300B	
3200C	
4400C	
3230L	
3382L	

Revenue Collected this Fiscal Year \$8,533.00

(obtain this from the revenue summary report you attach)

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

<u>Expenditures</u>	<u>Amount</u>
<i>Personal Services</i>	
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	
<i>Travel</i>	
641000-Employee Travel	
651000-NonEmployee Travel	
<i>OS&E</i>	

Special Course and Academic Program Fee

Review Form

714000-Supplies and Materials		\$1,266.46
715000-Repairs and Maintenance		
719000-Rents(Non Real Estate)		
720000-Insurance and Bonding		
727000-Other Operating Expense		
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		
<i>Equipment</i>		
843000-Equipment(Inventory)		
Total Expenditures		\$1,266.46
Net Operating Gain (Loss)		
<i>Subtract your total revenue from your total expenditures.</i>		\$7,266.54

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. During 2014 and 2015, the Department of Dental Hygiene selected and lost two Department Chairs. Although the previous administrative assistant was instructed to do a Journal Entry to move funds to another account, she failed to do so, partly due to the transition of leadership, as well as her need for further guidance. Unfortunately, this resulted in the unused/swept funds in the Lab Fee account. These fees are vital to the needs of our Dental Hygiene students for the purchase and repair of current equipment, and as the new Interim Chair of Dental Hygiene, I will be certain they are used accordingly during FY2016.

REVENUE SUMMARY REPORT
Clayton State University

Business Unit: 28000
Fiscal Year: 2015

From Acct. Period: 1 To Acct. Period: 12

Fund: 10000 Department: 0610310 Dental Hygiene Lab Fees

CLASS: 11000 Gen Opns - General

Project/Grant:

409000 - Other Fees
409509 #Dental Hygiene Lab Fees

	-8,533.00

Class Sub-Total	-8,533.00

Dept Total	-8,533.00

BUDGET ACTIVITY REPORT - Detail
Clayton State University

Budget Manager: Duley, Susan	Budget Ref: 2015	From Fiscal Year: 2015	To Fiscal Year: 2015
Department: 0610310 Dental Hygiene Lab Fees	All Fiscal Periods: No	Acct Period From: 1 (JUL2014)	Acct Period To: 12 (JUN2015)
Fund Code: 10600 Other General			

<u>Account</u>	<u>Jrnl/Tran</u>	<u>Program/Class</u>	<u>APPROP Budgeted</u>	<u>ORG Budgeted</u>	<u>Pre-Encum</u>	<u>Encumbrance</u>	<u>Expended</u>	<u>Remaining</u>
	<u>Date</u> <u>Type</u> <u>DocumentID</u> <u>Line</u> <u>Description</u>		<u>Vendor</u>	<u>Check</u>				
700000	Operating Supplies & Expenses	11100 / 11000	8,533.00					
714000	Supplies and Materials	11100 / 11000		0.00				
	714100 Supplies & Materials Expense							
	01/15/15 JE PC01159518 36 Procurement Card				0.00	0.00	10.58	
	02/15/15 JE PC01172601 190 Procurement Card February 15,				0.00	0.00	66.24	
	02/15/15 JE PC01172601 247 Procurement Card February 15,				0.00	0.00	111.30	
	02/15/15 JE PC01172601 652 Procurement Card February 15,				0.00	0.00	346.25	
	02/15/15 JE PC01172601 767 Procurement Card February 15,				0.00	0.00	602.37	
	03/15/15 JE PC00154100 196 Procurement Card				0.00	0.00	58.28	
	03/15/15 JE PC00154100 210 Procurement Card				0.00	0.00	-44.52	
	03/15/15 JE PC00154100 422 Procurement Card				0.00	0.00	-66.78	
	03/15/15 JE PC00154100 535 Procurement Card				0.00	0.00	11.51	
	03/15/15 JE PC00154100 628 Procurement Card				0.00	0.00	32.34	
	03/15/15 JE PC00154100 677 Procurement Card				0.00	0.00	13.49	
	03/15/15 JE PC00154100 684 Procurement Card				0.00	0.00	48.51	
	05/15/15 JE PC00180737 7 5/15/2015 Procurement Card (S.				0.00	0.00	36.42	
	05/15/15 JE PC00180737 702 5/15/2015 Procurement Card (S.				0.00	0.00	40.47	
	Totals				0.00	0.00	1,266.46	-1,266.46
Operating Supplies & Expenses Total			8,533.00	0.00	0.00	0.00	1,266.46	7,266.54
Totals for Dept/Fund/Program/Class:								
	0610310 / 10600	11100 / 11000	8,533.00	0.00	0.00	0.00	1,266.46	7,266.54
Totals for Dept/Fund:								
	0610310 / 10600		8,533.00	0.00	0.00	0.00	1,266.46	7,266.54

LEDGER HISTORY REPORT - Detail
Clayton State University

Ledger:	ACTUALS	Fund:	ALL	Program:	ALL	Account Range:	ALL
Fiscal Year:	2015	Budget Ref:	ALL	Class:	ALL	Department Range:	0610310 to 0610310
Acct Period Range:	1 to 12					Project Range:	ALL

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Fund          Dept          Program        Class          Proj/Grant      Account          Budget Ref
10600         0610310        11100          11000          409509          2015
Other General  Dental Hygiene Lab  General Academic  Gen Opns - General  #Dental Hygiene Lab Fees
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<u>Jrnl/Tran</u>	<u>Date</u>	<u>Type</u>	<u>DocumentID</u>	<u>Line</u>	<u>Description</u>	<u>Vendor</u>	<u>Check</u>	<u>Pre-Bncum</u>	<u>Encumbrance</u>	<u>Expended</u>
	07/03/14	JE	B001087169	523	Banner Journal - 141841			0.00	0.00	-105.00
	07/03/14	JE	B001087169	524	Banner Journal - 141842			0.00	0.00	-385.00
	07/03/14	JE	B001087169	533	Banner Journal - 1418411			0.00	0.00	-280.00
	07/03/14	JE	B001087169	532	Banner Journal - 1418410			0.00	0.00	-560.00
	07/03/14	JE	B001087169	531	Banner Journal - 141849			0.00	0.00	-140.00
	07/03/14	JE	B001087169	530	Banner Journal - 141848			0.00	0.00	-385.00
	07/03/14	JE	B001087169	529	Banner Journal - 141847			0.00	0.00	-315.00
	07/03/14	JE	B001087169	525	Banner Journal - 141843			0.00	0.00	-210.00
	07/03/14	JE	B001087169	526	Banner Journal - 141844			0.00	0.00	-490.00
	07/03/14	JE	B001087169	527	Banner Journal - 141845			0.00	0.00	-175.00
	07/03/14	JE	B001087169	528	Banner Journal - 141846			0.00	0.00	-490.00
	07/14/14	JE	B001090745	68	Banner Journal - 141961			0.00	0.00	-105.00
	07/28/14	JE	B001095017	67	Banner Journal - 142091			0.00	0.00	-35.00
	08/07/14	JE	B001099426	64	Banner Journal - 142191			0.00	0.00	-105.00
	08/11/14	JE	B001100360	171	Banner Journal - 142233			0.00	0.00	-105.00
	08/11/14	JE	B001100360	170	Banner Journal - 142232			0.00	0.00	105.00
	08/11/14	JE	B001100360	169	Banner Journal - 142231			0.00	0.00	105.00
	08/12/14	JE	B001100762	150	Banner Journal - 142242			0.00	0.00	-105.00
	08/13/14	JE	B001101312	63	Banner Journal - 142251			0.00	0.00	-105.00
	08/20/14	JE	B001103734	67	Banner Journal - 142321			0.00	0.00	-35.00
	09/30/14	JE	0001118291	6	To re-class deferred course fees to FY15			0.00	0.00	-252.00
	11/04/14	JE	B001130317	86	Banner Journal - 143081			0.00	0.00	-280.00
	11/04/14	JE	B001130850	167	Banner Journal - 143094			0.00	0.00	-455.00
	11/04/14	JE	B001130850	164	Banner Journal - 143091			0.00	0.00	-350.00
	11/05/14	JE	B001130850	165	Banner Journal - 143092			0.00	0.00	-630.00
	11/05/14	JE	B001130850	166	Banner Journal - 143093			0.00	0.00	-1,225.00
	11/10/14	JE	B001132390	218	Banner Journal - 143112			0.00	0.00	-35.00
	11/10/14	JE	B001132390	217	Banner Journal - 143111			0.00	0.00	-385.00
	11/10/14	JE	B001132390	216	Banner Journal - 143141			0.00	0.00	-35.00
	11/10/14	JE	B001132390	219	Banner Journal - 143113			0.00	0.00	-35.00
	11/12/14	JE	B001133227	107	Banner Journal - 143161			0.00	0.00	-70.00

LEDGER HISTORY REPORT - Detail
Clayton State University

Ledger: ACTUALS Fund: ALL Program: ALL Account Range: ALL
 Fiscal Year: 2015 Budget Ref: ALL Class: ALL Department Range: 0610310 to 0610310
 Acct Period Range: 1 to 12 Project Range: ALL

Date	Type	DocumentID	Line	Description	Vendor	Check	Pre-Encum	Encumbrance	Expended	
11/17/14	JE	B001134784	66	Banner Journal - 143211						
11/25/14	JE	B001137829	63	Banner Journal - 143291			0.00	0.00	-175.00	
12/09/14	JE	B001142160	68	Banner Journal - 143431			0.00	0.00	-70.00	
12/10/14	JE	B001142590	81	Banner Journal - 143441			0.00	0.00	-105.00	
01/05/15	JE	B001147398	56	Banner Journal - 150051			0.00	0.00	-35.00	
01/26/15	JE	B001154389	54	Banner Journal - 150261			0.00	0.00	-35.00	
02/26/15	JE	B001166220	342	Banner Journal - 150575			0.00	0.00	105.00	
02/26/15	JE	B001166220	344	Banner Journal - 150577			0.00	0.00	-105.00	
02/26/15	JE	B001166220	343	Banner Journal - 150576			0.00	0.00	-105.00	
02/26/15	JE	B001166220	341	Banner Journal - 150574			0.00	0.00	-105.00	
02/26/15	JE	B001166220	340	Banner Journal - 150573			0.00	0.00	-63.00	
02/26/15	JE	B001166220	339	Banner Journal - 150572			0.00	0.00	-63.00	
02/26/15	JE	B001166220	338	Banner Journal - 150571			0.00	0.00	-63.00	
03/18/15	JE	B001174060	64	Banner Journal - 150771			0.00	0.00	-126.00	
04/01/15	JE	B000150704	90	Banner Journal - 150911			0.00	0.00	42.00	
04/17/15	JE	B000157121	64	Banner Journal - 151071			0.00	0.00	-21.00	
05/04/15	JE	B000163350	58	Banner Journal - 151241			0.00	0.00	21.00	
05/06/15	JE	B000164679	98	Banner Journal - 151261			0.00	0.00	21.00	
05/13/15	JE	B000167609	61	Banner Journal - 151331			0.00	0.00	-21.00	
05/14/15	JE	B000168277	58	Banner Journal - 151341			0.00	0.00	42.00	
05/18/15	JE	B000169562	223	Banner Journal - 151381			0.00	0.00	-21.00	
05/18/15	JE	B000169562	222	Banner Journal - 151382			0.00	0.00	21.00	
05/18/15	JE	B000169562	224	Banner Journal - 151383			0.00	0.00	84.00	
05/19/15	JE	B000170109	99	Banner Journal - 151391			0.00	0.00	21.00	
05/19/15	JE	B000170109	100	Banner Journal - 151392			0.00	0.00	-42.00	
05/20/15	JE	B000171060	58	Banner Journal - 151401			0.00	0.00	-42.00	
05/27/15	JE	B000173181	76	Banner Journal - 151471			0.00	0.00	-21.00	
05/28/15	JE	B000173800	80	Banner Journal - 151481			0.00	0.00	-21.00	
							0.00	0.00	21.00	
Totals for Account:							409509	0.00	0.00	-8,533.00

Fund: 10600 Dept: 0610310 Program: 11100 Class: 11000 Proj/Grant: Account: 714100 Budget Ref: 2015
 Other General: Dental Hygiene Lab General Academic Gen Opns - General Supplies & Materials Expense

Jrnl/Tran

Date	Type	DocumentID	Line	Description	Vendor	Check	Pre-Encum	Encumbrance	Expended
01/15/15	JE	PC01159518	36	Procurement Card - GOINES, NI			0.00	0.00	10.58

LEDGER HISTORY REPORT - Detail
Clayton State University

Ledger:	ACTUALS	Fund:	ALL	Program:	ALL	Account Range:	ALL		
Fiscal Year:	2015	Budget Ref:	ALL	Class:	ALL	Department Range:	0610310	to	0610310
Acct Period Range:	1 to 12					Project Range:	ALL		
02/15/15	JE	PC01172601	247	Procurement Card	February 15, 2015 (N.Nolan) - GOINES, NI	0.00	0.00		111.30
02/15/15	JE	PC01172601	767	Procurement Card	February 15, 2015 (N.Nolan) - GOINES, NI	0.00	0.00		602.37
02/15/15	JE	PC01172601	652	Procurement Card	February 15, 2015 (N.Nolan) - GOINES, NI	0.00	0.00		346.25
02/15/15	JE	PC01172601	190	Procurement Card	February 15, 2015 (N.Nolan) - GOINES, NI	0.00	0.00		66.24
03/15/15	JE	PC00154100	422	Procurement Card	- GOINES, NI	0.00	0.00		-66.78
03/15/15	JE	PC00154100	196	Procurement Card	- GOINES, NI	0.00	0.00		58.28
03/15/15	JE	PC00154100	210	Procurement Card	- GOINES, NI	0.00	0.00		-44.52
03/15/15	JE	PC00154100	628	Procurement Card	- GOINES, NI	0.00	0.00		32.34
03/15/15	JE	PC00154100	535	Procurement Card	- GOINES, NI	0.00	0.00		11.51
03/14/15	JE	PC00154100	677	Procurement Card	- GOINES, NI	0.00	0.00		13.49
03/14/15	JE	PC00154100	684	Procurement Card	- GOINES, NI	0.00	0.00		48.51
05/14/15	JE	PC00180737	702	5/15/2015 Procurement Card	(S.Usher) - GOINES, NI	0.00	0.00		40.47
05/15/15	JE	PC00180737	7	5/15/2015 Procurement Card	(S.Usher) - GOINES, NI	0.00	0.00		36.42
Totals for Account:						714100			
							0.00	0.00	1,266.46
Totals for Project:							0.00	0.00	-7,266.54
Totals for Department:						0610310			
							0.00	0.00	-7,266.54

Total Expended to Date \$1,266.46

Special Course and Academic Program Fee

Review Form

Signature Page

Prepared By:



Signature

Melanie Poudevigne

Printed Name

8/29/15

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:

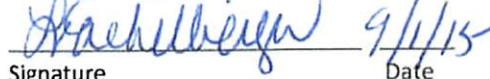


Signature

9/1/15

Date

College Dean (if applicable)



Signature

9/1/15

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

9/15/15

Date

Provost

Signature

Date

Kevin
Demmitt

Digitally signed by Kevin Demmitt
DN: cn=Kevin Demmitt, o,
ou=Clayton State University,
email=kevindemmitt@clayton.ed
u, c=US
Date: 2015.09.28 16:36:42 -04'00'

President

Signature

Date

see attached committee comments

Committee Notes on Fee Review for FY 2015:

Fee: HFMG Lab fee

Comments:

The fees revenue appears to have been spent appropriately on supplies to support the labs and there was no significant amount of revenue remaining in the account.

HFMG had \$1,687 revenue remaining in this account which was only 14% of the revenue collected. The committee didn't feel that this was significant. The budget manager indicated that some items were not posted to the account as they should have been posted (for cards, a bench and liability insurance). She explained that if these posted they would have spent all the revenue. It should be noted that most of these expenses were dated during the first and second quarter of the fiscal year. Given that we are required to conduct quarterly reviews of these accounts these items should have been investigated and corrected before the end of the fiscal year. The committee recommends that the budget manager review this account more regularly. On the liability insurance, Scott McElroy (committee member) indicated that this fee is not collected the same way lab fees are collected. This is collected and placed in a different account. We would recommend that the budget manager speak with the office of budget and finance to determine how that liability insurance accounting works.

Recommended changes: no changes are recommended for this fee for FY17

*Special Course and Academic Program Fee
Review Form*

Fiscal Year Review (Ex. FY15): F15

Department/College: HFMG/COH

Fee Name: HFMG lab fee

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

HFMG 2110: First Aid & CPR (\$47)
HFMG 3101: Kinesiology (\$35)
HFMG 3130: Principles of Fitness (\$35)
HFMG 3140: Exercise Testing & Prescription (\$35)
HFMG 3970: Practicum in HFMG (\$18.75 Insurance)
HFMG 4970: Internship in HFMG (\$18.75 Ins.)
HFMG 4999: HFMG Capstone (\$18.75 Ins.)
HFMG 3121: Injury Prevention (\$35)

Revenue Collected this Fiscal Year \$12,053

(obtain this from the revenue summary report you attach)

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

<u>Expenditures</u>	<u>Amount</u>
<i>Personal Services</i>	
<i>OS&E</i>	
714000-Supplies and Materials	9,787
721000-Claims & Indemnities	135
733000-Software	300
742000-Publications and Printing	144
<i>Equipment</i>	
Total Expenditures	10,366
Net Operating Gain (Loss)	\$1,687
<i>Subtract your total revenue from your total expenditures.</i>	

Attach the following to this form:

- 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.

Special Course and Academic Program Fee

Review Form

MEMORANDUM

TO: DR. MICHELLE FURLONG
FROM: MELANIE POUDEVIGNE
SUBJECT: ACADEMIC LABORATORY/MATERIAL FEES F15
DATE: AUGUST 29, 2015
CC: DR EICHELBERGER

The actuals match the anticipated expenses as presented in the attached documents with the exception of six items depicted as follows:

It is unclear if the liability fees were collected in the anticipated amount of \$825 to cover the students enrolled in the three concerned courses (HFMG 3970, 4970 and 4999). Instead, a fee of \$134 posted on the account which does not cover the 44 enrolled students

It is unclear if the summer HFMG 2110 fees posted to this fiscal year or not. The respective cards were purchased in the amount of \$521 (=\$432+\$89) but they were never posted for this fiscal year. The order for ERTSS cards for HFMG 2110 in the amount of \$282.50 (=\$276+\$6.50) also never posted on the account.

The GOPHERD bench (\$529.52) was accounted for as an anticipated expense. Its purchase was completed but its cost was never charged by the company due to a mix-up with a previous order.

Financial Data
HFMG Fees
Clayton State University

	FY 2015	FY 2015
<u>Revenue</u>	<u>Anticipated</u>	<u>Actual</u>
Fee Revenue:	12555	12052.8
Net Revenue	\$12,555	\$12,053
<u>OS&E</u>		
714000-Supplies and Materials	11,564.00	9787
721000-Claims & Indemnities	825	135
733000-Software		300
742000-Publications and Printing		144
Total Expenditures	\$12,389	10366
Net Operating Gain (Loss)	\$166	\$1,687

Receipt No	Date	Vendor	Description	P-card or cash or check	Course	Total Account
1501	9-Jun-14	Red Cross	Cards BW	P-card	2110	\$432.00 missing
1502	12-Jun-14	ERTSS	Cards BW	P-card	2110	\$89.00 missing
1503	20-Aug-14	Office Max	CD-R	P-card	3130	\$28.80
1504	2-Sep-14	Office Max	batteries	PC	3101	\$17.59
1505	2-Sep-14	CPR savers	Lungs Manikins	PC	2110	\$280.71
1506	3-Sep-14	GOPHER	iron range rack and supplies	PC	3130 3140	\$3,150.52
1517	2-Oct-14	BizChair	Carts	PC	3101	\$487.89
1518	8-Oct-14	NSCA	textbooks	PC	3130	\$300.00
1520	22-Oct-14	ARC	Cards BW	PC	2110	\$621.00
1521	23-Oct-14	ARC	Cards BW	PC	2110	\$540.00
1522	23-Oct-14	ERTSS	Cards BW	PC	2110	\$276.00 missing
1525	28-Oct-14	ERTSS	Cards BW	PC	2110	\$226.50
1526	3-Nov-14	GOPHER	bench	PC	3130	\$529.52 missing
1527	5-Nov-14	ERTSS	Cards BW	PC	2110	\$6.50 missing
1531	3-Feb-15	MCR	Bag Valve Mask Ambu Spur II Infant	PC	2110	\$22.89
1532	3-Feb-15	Dell	Desktop PC	procurement	all	\$1,145.20
1533	3-Feb-15	Amazon	Speed Agility Hurdles	PC	3130	\$164.48
1534	3-Feb-15	American Medical	Alcohol pads	PC	2110	\$21.67
1535	3-Feb-15	Paterson Medical Supply	Cando BD Latex, Cando Vestibular Disc	PC	3121	\$714.20
1537	5-Feb-15	SDW Diabete	Blood Pressure Cuff	PC	3130	\$152.81
1538	5-Feb-15	GOPHER	Aluminum range tech trainer	PC	3130	\$116.94
1540	20-Feb-15	Ralsaha Health	Cards Poudévigne	Check	2110	\$144.00
1541	6-Mar-15	ARC	Cards Poudévigne	PC	2110	\$648.00
1542	24-Mar-15	ERTSS	Cards SBW	PC	2110	\$161.50
1544	25-Mar-15	Allied IOO	Basic Buddy bust and foam for manikin	PC	2110	\$48.24
1543	25-Mar-15	Carolina	Alconox Detergent	PC	2110	\$38.97
1544	1-Apr-15	ARC	Cards SBW	PC	2110	\$378.00
1545	4-Jan-15	ARC	Cards SBW	PC	2110	\$378.00
1547	20-Apr-15	Heart Rate Monitors	Heart Rate Monitors (10)	PC	3140	\$ 397.70
1548	20-Apr-15	Biopax	Training Plates	PC	3130	\$ 99.05
NA	25-Feb-15	SDW Diabete	Returned Blood pressure cuff	PC	3130	\$ (21.83)
NA	15-Oct-15	BizChair	tax credit	PC	3101	\$ (31.92)
NA	NA	PointNorth	Student Liability Insurance	Internal	3970, 4970, 4999	\$ 825.00 missing

HFMG Lab Fees Y14-15

course	CRN	Cost per st Semester	total stude	total \$
2110	50294	47 SUM14	18	846
2110	80522	47 FA14	23	1081
2110	80524	47	23	1081
3101	80527	35	11	385
3101	80539	35	23	805
3130	80546	35	20	700
3130	80547	35	22	770
3140	80548	35	21	735
2110	20152	47 SP15	24	1128
2110	20151	47	15	705
2110	20163	47	17	799
3121	20185	35	24	840
3121	20186	35	11	385
3101	20184	35	21	735
3130	20187	35	21	735
4970	50331	18.75 insurance	6	112.5
4970	80552	18.75	9	168.75
3970	20195	18.75	1	18.75
4970	20192	18.75	10	187.5
4999	20191	18.75	18	337.5
		total	338	12555

Supplies	Sub-total	\$11,563.93
Insurance	Sub-total	\$ 825.00
	Total F15	\$12,388.93
	Remaining	\$166.07

REVENUE SUMMARY REPORT
Clayton State University

Business Unit: 28000
Fiscal Year: 2015

From Acct. Period: 1 To Acct. Period: 12

Fund: 10600 Department: 0610420 HFMG Fees

Class: 11000 Gen Opns - General

Project/Grant:

409000 - Other Fees

409506 #HFMG Lab Fees

-12,052.60

Class Sub-Total

-12,052.60

Dept Total

-12,052.60

\$389.70
missing in
revenue.
↓
Summer fees?

Should have been
\$ 12,442.50.

BUDGET ACTIVITY REPORT - Summary
Clayton State University

Budget Manager: Poudseviqne, Melonie
 Department: 0610420 HMG Fees
 Fund Code: 10600 Other General
 Budget Ref: 2015
 All Fiscal Periods: No
 From Fiscal Year: 2015
 Acct Period From: 1 (JUL2014)
 To Fiscal Year: 2015
 Acct Period To: 12 (JUN2015)

Account	Program/ Class	ADPPOD Budgeted	ONG Indented	Pre-Run	Reimbursance	Revised	Remaining
700000 Operating Supplies & Expenses	11100 / 11000	12,500.00					
714000 Supplies and Materials	11100 / 11000		0.00			8,641.71	
714100 Supplies & Materials Expense				0.00	0.00	1,145.20	
714114 Sup Mat Exp-IT Equip=83,000				0.00	0.00	9,786.91	-9,786.91
Totals							
721000 Claims And Indemnities	11100 / 11000		0.00			134.89	
721100 Claims And Indemnities				0.00	0.00	134.89	-134.89
Totals							
733000 Software	11100 / 11000		0.00			300.00	
733100 Software				0.00	0.00	300.00	-300.00
Totals							
742000 Publications And Printing	11100 / 11000		0.00			144.00	
742100 Publications And Printing				0.00	0.00	144.00	-144.00
Totals							
Operating Supplies & Expenses Total		<u>12,500.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>10,365.00</u>	<u>2,134.20</u>
Totals for Dept/Fund/Program/Class:							
0610420 / 10600	11100 / 11000	<u>12,500.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>10,365.00</u>	<u>2,134.20</u>
Totals for Dept/Fund:							
0610420 / 10600		<u>12,500.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>10,365.00</u>	<u>2,134.20</u>

BUDGET ACTIVITY REPORT - Detail
Clayton State University

Budget Manager: Foudrevigne, Melanie Budget Dept: 2015 From Fiscal Year: 2015 To Fiscal Year: 2015
 Department: 0610420 HFWG Fonn All Fiscal Periods: 00 Acct Period From: 1 (JUL2014) Acct Period To: 12 (JUN2015)
 Fund Code: 10600 Other General

Account	Jm1/Tran	Date	Type	Document#	Line	Program/ Class Description	APPROV	CR#	Vcn-Numm	Knowbrantm	Exended	Remainng
							Requsted	Requsted				
							Vendor	Check				
700000	Operating Supplies & Expenses					11100 / 11000	12,500.00					
714000	Supplies and Materials					11100 / 11000		0.00				
714100	Supplies & Materials Expense											
	09/15/14	JE	PC01121789	193		Procurement Card			0.00	0.00	26.80	
	09/15/14	JE	PC01121789	223		Procurement Card			0.00	0.00	17.59	
	09/15/14	JE	PC01121789	294		Procurement Card			0.00	0.00	510.00	
	09/15/14	JE	PC01121789	361		Procurement Card			0.00	0.00	280.71	
	10/31/14	JE	PC01132789	468		10/15/2014 Procurement Card			0.00	0.00	-31.92	
	10/31/14	JE	PC01132789	523		10/15/2014 Procurement Card			0.00	0.00	564.00	
	10/31/14	JE	PC01132789	559		10/15/2014 Procurement Card			0.00	0.00	487.89	
	10/31/14	JE	PC01132789	624		10/15/2014 Procurement Card			0.00	0.00	2,074.76	
	11/15/14	JE	PC01142169	94		12/15/2014 Procurement Card			0.00	0.00	226.50	
	11/15/14	JE	PC01142169	128		12/15/2014 Procurement Card			0.00	0.00	540.00	
	11/15/14	JE	PC01142169	152		12/15/2014 Procurement Card			0.00	0.00	621.00	
	02/15/15	JE	PC01172601	145		Procurement Card February 15,			0.00	0.00	34.99	
	02/15/15	JE	PC01172601	149		Procurement Card February 15,			0.00	0.00	208.74	
	02/15/15	JE	PC01172601	154		Procurement Card February 15,			0.00	0.00	152.01	
	02/15/15	JE	PC01172601	686		Procurement Card February 15,			0.00	0.00	114.94	
	02/15/15	JE	PC01172601	762		Procurement Card February 15,			0.00	0.00	22.89	
	02/15/15	JE	PC01172601	763		Procurement Card February 15,			0.00	0.00	24.47	
	02/15/15	JE	PC01172601	800		Procurement Card February 15,			0.00	0.00	101.02	
	02/15/15	JE	PC01172601	826		Procurement Card February 15,			0.00	0.00	21.67	
	03/15/15	JE	PC00154100	79		Procurement Card			0.00	0.00	27.04	
	03/15/15	JE	PC00154100	190		Procurement Card			0.00	0.00	-21.83	
	03/15/15	JE	PC00154100	454		Procurement Card			0.00	0.00	399.68	
	03/15/15	JE	PC00154100	568		Procurement Card			0.00	0.00	646.00	
	03/15/15	JE	PC00154100	719		Procurement Card			0.00	0.00	79.24	
	04/15/15	JE	PC00165965	237		04/15/2015 Procurement Card (S			0.00	0.00	378.00	
	04/15/15	JE	PC00165965	781		04/15/2015 Procurement Card (S			0.00	0.00	16.97	
	04/15/15	JE	PC00165965	789		04/15/2015 Procurement Card (S			0.00	0.00	46.24	
	04/15/15	JE	PC00165965	869		04/15/2015 Procurement Card (S			0.00	0.00	161.50	
	04/15/15	JE	PC00165965	000		04/15/2015 Procurement Card (S			0.00	0.00	374.00	
	05/15/15	JE	PC00100727	101		5/15/2015 Procurement Card (S.			0.00	0.00	99.05	
	05/15/15	JE	PC00100727	258		5/15/2015 Procurement Card (S.			0.00	0.00	197.70	
714114	Sup Mat Exp-IT Equip-83,000											
	02/11/15	PO	0000402925	1		DELL OPTIPLEX 7020 MINI TOWER	DELLMARRET		0.00	1,145.20	0.00	

BUDGET ACTIVITY REPORT - Detail
Clayton State University

Budget Manager: Poudavigne, Melonie Budget Ref: 2015 From Fiscal Year: 2015 To Fiscal Year: 2015
 Department: 0610420 HPMC Fees All Fiscal Periods: No Acct Period From: 1 (JUL2014) Acct Period To: 12 (JUN2015)
 Fund Code: 10600 Other General

Account	Fiscal Year	Date	Type	Document ID	Line	Program/ CLASS Description	AFFRCP		CRQ		Pre-Empts	Encumbrance	Expended	Remaining
							Budgeted	Vendor	Budgeted	Check				
	03/19/15	Vchr	04037099		1	Enc Liquidation: 0000402925/1		DELLAQUKEY			0.00	-1,145.20	0.00	
	03/19/15	Vchr	04037099		1	DELL OPTIPLEX 7020 MINI TOWER		DELLAQUKEY	216793		0.00	0.00	1,145.20	
		Totals									0.00	0.00	9,786.91	-9,786.91
721000						11100 / 11000								
						721100 Claims And Indemnities								
	10/06/14	Vchr	04033983		1	Renewal pet - SPL Ins FT13		POINTENORT	214677		0.00	0.00	168.75	
	03/04/15	JS	B001168759		212	Banner - Miscellaneous Receipt					0.00	0.00	-33.86	
		Totals									0.00	0.00	134.89	-134.89
733000						11100 / 11000								
						733100 Software								
	10/31/14	JE	PC01132789		486	10/15/2014 Procurement Card					0.00	0.00	300.00	
		Totals									0.00	0.00	300.00	-300.00
742000						11100 / 11000								
						742100 Publications And Printing								
	03/13/15	Vchr	04036913		1	ARA-Health Fitness- Bus card		RAHLALS	216690		0.00	0.00	144.00	
		Totals									0.00	0.00	144.00	-144.00
Operating Supplies & Expense Total														
							<u>12,800.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>10,366.00</u>	<u>2,134.20</u>
Totals for Dept/Fund/Program/Class:														
0610420 / 10600							<u>12,800.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>10,366.00</u>	<u>2,134.20</u>
Totals for Dept/Fund:														
0610420 / 10600							<u>12,800.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>10,366.00</u>	<u>2,134.20</u>