

Special Course and Academic Program Fee

Review Form

Signature Page

Prepared By:

Vicky Stewart Signature Vicky Stewart Printed Name 9/23/16 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 _____
College Dean (if applicable) R. Eckelberger Signature 9/23/16 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:

Michelle Furlong

Signature _____ Date _____

Digitally signed by Michelle Furlong
DN: cn=Michelle Furlong, o=Clayton State University, ou=Biology,
email=mfurlong@clayton.edu, c=US
Date: 2016.10.21 13:38:27 -04'00'

Provost [Signature] Signature 10/31/16 Date

President [Signature] Signature 10-31-16 Date

Committee Recommendations: The Nursing Program fee appears to have been spent appropriately (as described in the previous application that was submitted). The SCAPFA committee did have some concerns about the fee review. The review form was submitted very late and the required memo describing the revenue, how it was spent and why any significant revenue remained was missing. This is a required portion of the review. We emailed Charlotte Swint about the deadlines and process in August. The administrative assistant from the Nursing department was asked to prepare this review only one day prior to the deadline. The committee did not know that Vicky Stewart would be asked to prepare this, therefore we didn't communicate with her directly. In the future it would be helpful for Vicky to receive the assignment early so that she can prepare the materials on time. We do not feel the tardiness was her fault. There was \$3,295.41 remaining in the account, which was only 3% of the collected revenue. While this isn't a great issue the committee questioned why HLTH 3202 requires a course fee to bring in roughly \$1,190 extra revenue which appears to be spent on nursing simulation equipment. While this is fine, the program fee also pays for nursing simulation equipment as well. Therefore, we are recommending that the HLTH 3202 course fee be eliminated (save students some money) and the Nursing Program fee remain. The program fees will require BOR approval and at this point we don't know that it will be approved again (it was last year for FY17) we will not make this recommendation of eliminating the HLTH 3202 course fee if the BOR reduces the program fee.

Special Course and Academic Program Fee

Review Form

Fiscal Year Review (Ex. FY15): 2016

Department/College: College of Health – Undergraduate Program

Fee Name: Program Fee

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

Each NURS & HLTH course within the Undergraduate Nursing Program

Revenue Collected this Fiscal Year 112,917.00

(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	
714100 – Supplies & Materials Expense	55,243.07
715000-Repairs and Maintenance	
719000-Rents(Non Real Estate)	
720000-Insurance and Bonding	

Special Course and Academic Program Fee

Review Form

720100 – Insurance & Bonding	3,476.00
727000-Other Operating Expense	
727140-Other Operating Expense Other	50,113.10
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)	
843100 – Equipment Purch - Inventory	789.42
Total Expenditures	
Net Operating Gain (Loss) <i>Subtract your total revenue from your total expenditures.</i>	3,295.41

Explanation provided on attached spreadsheet.

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

Business Unit: 28000

Fiscal Year: 2016

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

409900 Student Fees-Other

-112,917.00

Class Sub-Total

-112,917.00

Dept Total

-112,917.00

BUDGET ACTIVITY REPORT - Detail
Clayton State University

Budget Manager: Lane, Betty Susan	Budget Ref: 2016	From Fiscal Year: 2016	To Fiscal Year: 2016
Department: 0610210 Nursing Program Fees	All Fiscal Periods: No	Acct Period From: 1 (JUL2015)	Acct Period To: 12 (JUN2016)
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</u> <u>Description</u>	<u>APPROP</u> <u>Budgeted</u> <u>Vendor</u>	<u>ORG</u> <u>Budgeted</u> <u>Check</u>	<u>Pre-Encum</u>	<u>Encumbrance</u>	<u>Expended</u>	<u>Remaining</u>
70000	Oper Supp and Exp-Budget Acct					11100 / 11000	125,000.00					
714000	Supplies and Materials					11100 / 11000		0.00				
714100	Supplies & Materials Expense											
	12/15/15	JE	PC00256925	238		Procurement Card			0.00	0.00	1,267.50	
	01/15/16	JE	PC00267781	431		Procurement Card - 01/16/16 (			0.00	0.00	2,180.19	
	01/15/16	JE	PC00267781	444		Procurement Card - 01/16/16 (			0.00	0.00	53.20	
	01/15/16	JE	PC00267781	465		Procurement Card - 01/16/16 (			0.00	0.00	84.75	
	01/15/16	JE	PC00267781	559		Procurement Card - 01/16/16 (			0.00	0.00	65.00	
	02/15/16	JE	PC00281967	348		Procurement Card -02/15/2016			0.00	0.00	586.50	
	03/15/16	Vchr	05307244	1		Supplies for MSN Program	MCKESSONME	222246	0.00	0.00	21.62	
	03/16/16	Vchr	05307298	1		Bal Due with PO #510194	MCKESSONME	222264	0.00	0.00	5,566.94	
	05/10/16	Vchr	05308236	1		Supplies	MCKESSONME	222877	0.00	0.00	14.97	
	05/10/16	Vchr	05308237	1		Supplies	MCKESSONME	222877	0.00	0.00	5.02	
	05/10/16	Vchr	05308238	1		Supplies	MCKESSONME	222877	0.00	0.00	98.16	
	05/10/16	Vchr	05308239	1		Supplies	MCKESSONME	222877	0.00	0.00	51.14	
	05/10/16	Vchr	05308240	1		Supplies	MCKESSONME	222877	0.00	0.00	39.30	
	05/15/16	JE	PC00318307	51		Procurement Card - 05/15/2016			0.00	0.00	23.85	
	05/15/16	JE	PC00318307	160		Procurement Card - 05/15/2016			0.00	0.00	882.00	
	05/15/16	JE	PC00318307	163		Procurement Card - 05/15/2016			0.00	0.00	514.30	
	05/15/16	JE	PC00318307	292		Procurement Card - 05/15/2016			0.00	0.00	4,772.95	
	05/15/16	JE	PC00318307	307		Procurement Card - 05/15/2016			0.00	0.00	677.70	
	05/15/16	JE	PC00318307	332		Procurement Card - 05/15/2016			0.00	0.00	3,844.62	
	05/15/16	JE	PC00318307	377		Procurement Card - 05/15/2016			0.00	0.00	2,060.46	
	05/15/16	JE	PC00318307	451		Procurement Card - 05/15/2016			0.00	0.00	4,878.01	
	05/15/16	JE	PC00318307	505		Procurement Card - 05/15/2016			0.00	0.00	2,571.92	
	05/15/16	JE	PC00318307	507		Procurement Card - 05/15/2016			0.00	0.00	133.84	
	05/15/16	JE	PC00318307	621		Procurement Card - 05/15/2016			0.00	0.00	2,841.00	
	05/25/16	ExRpt	0000565355	1		Rubbing Alcohol to clean simulation m	Stewart, Vicky C	013884	0.00	0.00	9.00	
	06/03/16	REQ	0000500320	1		Grace Training - Nurse Kits			10,440.00	0.00	0.00	
	06/06/16	REQ	0000500325	1		THERM SURTEMP+ W/ORALPRB 1/EA WELCH A			493.92	0.00	0.00	
	06/06/16	REQ	0000500325	2		SHEET DRAW 54X72 D/S 12EA/DZ STANDARD			43.65	0.00	0.00	
	06/06/16	REQ	0000500325	3		SHEET FLAT 66X104 D/S 12EA/DZ STANDAR			63.00	0.00	0.00	
	06/06/16	REQ	0000500325	4		NEEDLE FLTR STR 18GX1 1/2 100EA/BX 10			91.36	0.00	0.00	
	06/06/16	REQ	0000500325	5		STETH SS LF BLK 1EA MCK BRAND			151.80	0.00	0.00	
	06/06/16	REQ	0000500325	6		SCISSOR 51/2 BANDAGE LIST 1EA MCK BRA			554.40	0.00	0.00	
	06/06/16	REQ	0000500325	7		HEMOSTAT 51/2 KELLY STRT 1EA MCK BRAN			716.40	0.00	0.00	

BUDGET ACTIVITY REPORT - Detail
Clayton State University

Budget Manager: Lane, Betty Susan	Budget Ref: 2016	From Fiscal Year: 2016	To Fiscal Year: 2016
Department: 0610210 Nursing Program Fees	All Fiscal Periods: No	Acct Period From: 1 (JUL2015)	Acct Period To: 12 (JUN2016)
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</u> <u>Description</u>	<u>APPROP</u> <u>Budgeted</u> <u>Vendor</u>	<u>ORG</u> <u>Budgeted</u> <u>Check</u>	<u>Pre-Encum</u>	<u>Encumbrance</u>	<u>Expended</u>	<u>Remaining</u>
06/06/16	REQ	06/06/16		0000500325	8	NGTUBE 14FR 48" LEVIN 50EA/CS COVIDIE			38.20	0.00	0.00	
06/06/16	REQ	06/06/16		0000500325	9	DRSG TEGADERM 4X4.75 50EA/BX 4BX/CS 3			137.74	0.00	0.00	
06/06/16	REQ	06/06/16		0000500325	10	CNTRL SOL TRUE CNTRL LVL0 EA NIPRO DI			9.96	0.00	0.00	
06/06/16	REQ	06/06/16		0000500325	11	PILLOW 19X25 CHMSPT WHT S/B D/S 12EA/			221.52	0.00	0.00	
06/06/16	REQ	06/06/16		0000500325	13	03647112 - SHEET FITTED 36X80X6			65.67	0.00	0.00	
06/06/16	REQ	06/06/16		0000500325	14	COLLAR STIFFNECK SELECT 50EA/CS LAERD			6.06	0.00	0.00	
06/06/16	REQ	06/06/16		0000500325	15	DOPPLER LIFEDOP 150/8MHZ D/S EA WALLA			483.63	0.00	0.00	
06/06/16	REQ	06/06/16		0000500325	16	KIT ISOL DELUXE 25EA/CS MEDIKMARK			744.00	0.00	0.00	
06/06/16	REQ	06/06/16		0000500325	17	LIGHT DIAGNOSTIC PEN 6EA/PK MCK BRAND			142.80	0.00	0.00	
06/06/16	REQ	06/06/16		0000500325	21	IV ADMIN ST PRIMARY PLUM 50EA/CS HOSP			1,686.96	0.00	0.00	
06/06/16	REQ	06/06/16		0000500325	22	CATHETER IV PROT 22GX1" 50EA/BX 4BX/C			1,476.95	0.00	0.00	
06/06/16	REQ	06/06/16		0000500348	1	Dia Medical - Quote # 23071			4,694.50	0.00	0.00	
06/07/16	PO	06/07/16		0000510921	1	Pre-Enc Liquidation: 0000500325/1	MCKESS-CAT		-493.92	0.00	0.00	
06/07/16	PO	06/07/16		0000510921	1	THERM SURTEMP+ W/ORALPRB 1/EA WELCH A	MCKESS-CAT		0.00	493.92	0.00	
06/07/16	PO	06/07/16		0000510921	2	Pre-Enc Liquidation: 0000500325/2	MCKESS-CAT		-43.65	0.00	0.00	
06/07/16	PO	06/07/16		0000510921	2	SHEET DRAW 54X72 D/S 12EA/DZ STANDARD	MCKESS-CAT		0.00	43.65	0.00	
06/07/16	PO	06/07/16		0000510921	3	Pre-Enc Liquidation: 0000500325/3	MCKESS-CAT		-63.00	0.00	0.00	
06/07/16	PO	06/07/16		0000510921	3	SHEET FLAT 66X104 D/S 12EA/DZ STANDAR	MCKESS-CAT		0.00	63.00	0.00	
06/07/16	PO	06/07/16		0000510921	4	Pre-Enc Liquidation: 0000500325/4	MCKESS-CAT		-91.36	0.00	0.00	
06/07/16	PO	06/07/16		0000510921	4	NEEDLE FLTR STR 18GX1 1/2 100EA/BX 10	MCKESS-CAT		0.00	91.36	0.00	
06/07/16	PO	06/07/16		0000510921	5	Pre-Enc Liquidation: 0000500325/5	MCKESS-CAT		-151.80	0.00	0.00	
06/07/16	PO	06/07/16		0000510921	5	STETH SS LF BLK 1EA MCK BRAND	MCKESS-CAT		0.00	151.80	0.00	
06/07/16	PO	06/07/16		0000510921	6	Pre-Enc Liquidation: 0000500325/6	MCKESS-CAT		-554.40	0.00	0.00	
06/07/16	PO	06/07/16		0000510921	6	SCISSOR 51/2 BANDAGE LIST 1EA MCK BRA	MCKESS-CAT		0.00	554.40	0.00	
06/07/16	PO	06/07/16		0000510921	7	HEMOSTAT 51/2 KELLY STRT 1EA MCK BRAN	MCKESS-CAT		0.00	716.40	0.00	
06/07/16	PO	06/07/16		0000510921	7	Pre-Enc Liquidation: 0000500325/7	MCKESS-CAT		-716.40	0.00	0.00	
06/07/16	PO	06/07/16		0000510921	8	NGTUBE 14FR 48" LEVIN 50EA/CS COVIDIE	MCKESS-CAT		0.00	38.20	0.00	
06/07/16	PO	06/07/16		0000510921	8	Pre-Enc Liquidation: 0000500325/8	MCKESS-CAT		-38.20	0.00	0.00	
06/07/16	PO	06/07/16		0000510921	9	DRSG TEGADERM 4X4.75 50EA/BX 4BX/CS 3	MCKESS-CAT		0.00	137.74	0.00	
06/07/16	PO	06/07/16		0000510921	9	Pre-Enc Liquidation: 0000500325/9	MCKESS-CAT		-137.74	0.00	0.00	
06/07/16	PO	06/07/16		0000510921	10	CNTRL SOL TRUE CNTRL LVL0 EA NIPRO DI	MCKESS-CAT		0.00	9.96	0.00	
06/07/16	PO	06/07/16		0000510921	10	Pre-Enc Liquidation: 0000500325/10	MCKESS-CAT		-9.96	0.00	0.00	
06/07/16	PO	06/07/16		0000510921	11	PILLOW 19X25 CHMSPT WHT S/B D/S 12EA/	MCKESS-CAT		0.00	221.52	0.00	
06/07/16	PO	06/07/16		0000510921	11	Pre-Enc Liquidation: 0000500325/11	MCKESS-CAT		-221.52	0.00	0.00	
06/07/16	PO	06/07/16		0000510921	13	Pre-Enc Liquidation: 0000500325/13	MCKESS-CAT		-65.67	0.00	0.00	
06/07/16	PO	06/07/16		0000510921	13	03647112 - SHEET FITTED 36X80X6	MCKESS-CAT		0.00	65.67	0.00	
06/07/16	PO	06/07/16		0000510921	14	COLLAR STIFFNECK SELECT 50EA/CS LAERD	MCKESS-CAT		0.00	6.06	0.00	
06/07/16	PO	06/07/16		0000510921	14	Pre-Enc Liquidation: 0000500325/14	MCKESS-CAT		-6.06	0.00	0.00	

BUDGET ACTIVITY REPORT - Detail
Clayton State University

Budget Manager: Lane, Betty Susan **Budget Ref:** 2016 **From Fiscal Year:** 2016 **To Fiscal Year:** 2016
Department: 0610210 Nursing Program Fees **All Fiscal Periods:** No **Acct Period From:** 1 (JUL2015) **Acct Period To:** 12 (JUN2016)
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</u> <u>Description</u>	<u>APPROP</u> <u>Budgeted</u> <u>Vendor</u>	<u>ORG</u> <u>Budgeted</u> <u>Check</u>	<u>Pre-Encum</u>	<u>Encumbrance</u>	<u>Expended</u>	<u>Remaining</u>	
	06/07/16	PO		0000510921	15	Pre-Enc Liquidation: 0000500325/15	MCKESS-CAT		-483.63	0.00	0.00		
	06/07/16	PO		0000510921	15	DOPPLER LIFEDOP 150/8MHZ D/S EA WALLA	MCKESS-CAT		0.00	483.63	0.00		
	06/07/16	PO		0000510921	16	Pre-Enc Liquidation: 0000500325/16	MCKESS-CAT		-744.00	0.00	0.00		
	06/07/16	PO		0000510921	16	KIT ISOL DELUXE 25EA/CS MEDIKMARK	MCKESS-CAT		0.00	744.00	0.00		
	06/07/16	PO		0000510921	17	Pre-Enc Liquidation: 0000500325/17	MCKESS-CAT		-142.80	0.00	0.00		
	06/07/16	PO		0000510921	17	LIGHT DIAGNOSTIC PEN 6EA/PK MCK BRAND	MCKESS-CAT		0.00	142.80	0.00		
	06/07/16	PO		0000510921	21	IV ADMIN ST PRIMARY PLUM 50EA/CS HOSP	MCKESS-CAT		0.00	1,686.96	0.00		
	06/07/16	PO		0000510921	21	Pre-Enc Liquidation: 0000500325/21	MCKESS-CAT		-1,686.96	0.00	0.00		
	06/07/16	PO		0000510921	22	Pre-Enc Liquidation: 0000500325/22	MCKESS-CAT		-1,476.95	0.00	0.00		
	06/07/16	PO		0000510921	22	CATHETER IV PROT 22GX1" 50EA/BX 4BX/C	MCKESS-CAT		0.00	1,476.95	0.00		
	06/22/16	PO		0000510971	1	Pre-Enc Liquidation: 0000500320/1	GRACETRAN		-10,440.00	0.00	0.00		
	06/22/16	PO		0000510971	1	Grace Training - Nurse Kits	GRACETRAN		0.00	10,440.00	0.00		
	06/28/16	JE		0000324289	1	Transfer a portion of expenses			0.00	0.00	-844.29		
	06/29/16	PO		0000511017	1	Dia Medical - Quote # 23071	DIAMEDICAL		0.00	4,694.50	0.00		
	06/29/16	PO		0000511017	1	Pre-Enc Liquidation: 0000500348/1	DIAMEDICAL		-4,694.50	0.00	0.00		
	06/30/16	JE		PC00332192	163	Procurement Card - 6/30/2016			0.00	0.00	33.30		
	06/30/16	JE		PC00332192	193	Procurement Card - 6/30/2016			0.00	0.00	26.10		
	06/30/16	JE		PC00332192	251	Procurement Card - 6/30/2016			0.00	0.00	-50.00		
	06/30/16	JE		PC00332192	268	Procurement Card - 6/30/2016			0.00	0.00	571.50		
	Totals									0.00	22,262.52	32,980.55	-55,243.07
720000	Insurance And Bonding						11100 / 11000		0.00				
	720100	Insurance And Bonding											
	10/26/15	Vchr		05304422	1		MARSHUSAIN	220091	0.00	0.00	3,015.00		
	05/03/16	Vchr		05308123	1	Pmt addt'1 61 BSN stu MalPract	MARSHUSAIN	222793	0.00	0.00	461.00		
	Totals									0.00	0.00	3,476.00	-3,476.00
727000	Other Operating Expense						11100 / 11000		0.00				
	727140	Other Operating Exp - Other											
	10/15/15	JE		PC00238890	788	10/15/2015 Procurement Card (S			0.00	0.00	3,594.70		
	01/14/16	PO		0000510604	1	TESTING AND ASSESSMENT FOR COLLEGE OF	KAPLANINC		0.00	36,489.50	0.00		
	01/25/16	Vchr		05306174	1	TESTING AND ASSESSMENT FOR COL	KAPLANINC	221897	0.00	0.00	6,611.75		
	01/25/16	Vchr		05306174	1	Enc Liquidation: 0000510604/1	KAPLANINC		0.00	-6,611.75	0.00		
	01/25/16	Vchr		05306177	1	TESTING AND ASSESSMENT FOR COL	KAPLANINC	221897	0.00	0.00	14,970.00		
	01/25/16	Vchr		05306177	1	Enc Liquidation: 0000510604/1	KAPLANINC		0.00	-14,970.00	0.00		
	01/28/16	JE		0000264951	1	Payment of use of SACS for Sch			0.00	0.00	600.00		
	03/15/16	JE		PC00291423	18	Procurement Card - 3/15/2016			0.00	0.00	25.00		
	04/27/16	Vchr		05308015	1	Enc Liquidation: 0000510604/1	KAPLANINC		0.00	-12,662.00	0.00		

BUDGET ACTIVITY REPORT - Detail
Clayton State University

Budget Manager: Lane, Betty Susan	Budget Ref: 2016	From Fiscal Year: 2016	To Fiscal Year: 2016
Department: 0610210 Nursing Program Fees	All Fiscal Periods: No	Acct Period From: 1 (JUL2015)	Acct Period To: 12 (JUN2016)
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>				
04/27/16	Vchr	05308015	1	TESTING AND ASSESSMENT FOR COL	KAPLANINC	222709	0.00	0.00	12,662.00	
05/15/16	JE	PC00318307	682	Procurement Card - 05/15/2016			0.00	0.00	2,575.00	
06/09/16	JE	0000316216	2	Move Expenses that were expens			0.00	0.00	379.70	
06/16/16	JE	0000320987	1	Assessment Technologies Instit			0.00	0.00	1,933.70	
06/16/16	JE	0000320987	2	Assessment Technologies Instit			0.00	0.00	2,260.50	
06/16/16	JE	0000320987	3	Assessment Technologies Instit			0.00	0.00	2,055.00	
06/16/16	JE	0000320987	4	Assessment Technologies Instit			0.00	0.00	200.00	
Totals							0.00	2,245.75	47,867.35	-50,113.10
Oper Supp and Exp-Budget Acct Total					125,000.00	0.00	0.00	24,508.27	84,323.90	16,167.83
800000	Equip-Cap Outlay-Budget Acct		11100 / 11000		0.00					
843000	Special Purchases		11100 / 11000		0.00					
843100	Equipment Purch-Inventory									
06/06/16	REQ	0000500325	12	KIT SUC CATH 12FR VNLGLV 100EA/CS CAR			75.16	0.00	0.00	
06/06/16	REQ	0000500325	18	SPHYG ANEROID GRN CHLD 1/BX 20BX/CS M			180.90	0.00	0.00	
06/06/16	REQ	0000500325	19	SPHYG ANEROID NVY SM ADLT 1/BX 20BX/C			112.50	0.00	0.00	
06/06/16	REQ	0000500325	20	SPHYG ANEROID LF NVY ADLT 1/BX 20BX/C			112.50	0.00	0.00	
06/06/16	REQ	0000500325	23	M031 PROBE COVER CLEAR 1.25K			56.84	0.00	0.00	
06/06/16	REQ	0000500325	24	3.5V RCHG BATTERY F/AUD BOXED			251.52	0.00	0.00	
06/07/16	PO	0000510921	12	Pre-Enc Liquidation: 0000500325/12	MCKESS-CAT		-75.16	0.00	0.00	
06/07/16	PO	0000510921	12	KIT SUC CATH 12FR VNLGLV 100EA/CS CAR	MCKESS-CAT		0.00	75.16	0.00	
06/07/16	PO	0000510921	18	Pre-Enc Liquidation: 0000500325/18	MCKESS-CAT		-180.90	0.00	0.00	
06/07/16	PO	0000510921	18	SPHYG ANEROID GRN CHLD 1/BX 20BX/CS M	MCKESS-CAT		0.00	180.90	0.00	
06/07/16	PO	0000510921	19	Pre-Enc Liquidation: 0000500325/19	MCKESS-CAT		-112.50	0.00	0.00	
06/07/16	PO	0000510921	19	SPHYG ANEROID NVY SM ADLT 1/BX 20BX/C	MCKESS-CAT		0.00	112.50	0.00	
06/07/16	PO	0000510921	20	Pre-Enc Liquidation: 0000500325/20	MCKESS-CAT		-112.50	0.00	0.00	
06/07/16	PO	0000510921	20	SPHYG ANEROID LF NVY ADLT 1/BX 20BX/C	MCKESS-CAT		0.00	112.50	0.00	
06/07/16	PO	0000510922	23	Pre-Enc Liquidation: 0000500325/23	THEINS-CAT		-56.84	0.00	0.00	
06/07/16	PO	0000510922	23	M031 PROBE COVER CLEAR 1.25K	THEINS-CAT		0.00	56.84	0.00	
06/07/16	PO	0000510922	24	Pre-Enc Liquidation: 0000500325/24	THEINS-CAT		-251.52	0.00	0.00	
06/07/16	PO	0000510922	24	3.5V RCHG BATTERY F/AUD BOXED	THEINS-CAT		0.00	251.52	0.00	
Totals							0.00	789.42	0.00	-789.42
Equip-Cap Outlay-Budget Acct Total					0.00	0.00	0.00	789.42	0.00	-789.42

BUDGET ACTIVITY REPORT - Detail
Clayton State University

Budget Manager: Lane, Betty Susan			Budget Ref: 2016	From Fiscal Year: 2016	To Fiscal Year: 2016
Department: 0610210	Nursing Program Fees		All Fiscal Periods: No	Acct Period From: 1 (JUL2015)	Acct Period To: 12 (JUN2016)
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>				
<u>Totals for Dept/Fund/Program/Class:</u>									
		0610210 / 10600	11100 / 11000	<u>125,000.00</u>	<u>0.00</u>	<u>0.00</u>	<u>25,297.69</u>	<u>84,323.90</u>	<u>15,378.41</u>
<u>Totals for Dept/Fund:</u>									
		0610210 / 10600		<u>125,000.00</u>	<u>0.00</u>	<u>0.00</u>	<u>25,297.69</u>	<u>84,323.90</u>	<u>15,378.41</u>

Program Fee

Speedtype0610211000 Fund 10600 Dept. ID 0610210 Program 11100 Class 11000

Beg. Balance
\$112,917.00

Date	Vendor	Item/Description	Cost	Acct. Charged	Payment Method	Balance
01/01/15	Laerdal Medical	Nursing Simulation supplies	2,180.19	714100	P'Card	110,736.81
01/01/15	Pocket Nurse	Nursing Simulation supplies	53.20	714100	P'Card	110,683.61
01/01/15	Pocket Nurse	Nursing Simulation supplies	84.75	714100	P'Card	110,598.86
01/01/15	Cardonics	Nursing Simulation supplies	65.00	714100	P'Card	110,533.86
10/26/15	CSU - Marshusain	Liability Insurance	3,015.00	720100	voucher	107,518.86
12/15/15	Grace Training	Student Nurse Kits	1,267.50	714100	P'Card	106,251.36
01/14/16	Kaplan	Student Assessment Testing	36,489.50	727140	Purchase Order	69,761.86
01/28/16	Kaplan	Student Assessment Testing	600.00	727140	P'Card	69,161.86
02/15/16	Pocket Nurse	Nursing Simulation supplies	586.50	714100	P'Card	68,575.36
03/11/16	Cyntox	Hazardous Waste Mgmt. for Simulation	25.00	727140	P'Card	68,550.36
03/15/16	McKesson	Nursing Simulation supplies	21.62	714100	voucher	68,528.74
03/16/16	McKesson	Nursing Simulation supplies	5,566.94	714100	voucher	62,961.80
05/03/16	CSU - Marshusain	Liability Insurance	461.00	720100	voucher	62,500.80
05/10/16	McKesson	Nursing Simulation supplies	14.97	714100	voucher	62,485.83
05/10/16	McKesson	Nursing Simulation supplies	5.02	714100	voucher	62,480.81
05/10/16	McKesson	Nursing Simulation supplies	98.16	714100	voucher	62,382.65
05/10/16	McKesson	Nursing Simulation supplies	51.14	714100	voucher	62,331.51
05/10/16	McKesson	Nursing Simulation supplies	39.30	714100	voucher	62,292.21
05/15/16	Pocket Nurse	Nursing Simulation supplies	23.85	714100	P'Card	62,268.36
05/15/16	Pocket Nurse	Nursing Simulation supplies	882.00	714100	P'Card	61,386.36
05/15/16	Pocket Nurse	Nursing Simulation supplies	514.30	714100	P'Card	60,872.06
05/15/16	Pinnacle	Nursing Simulation supplies	4,772.95	714100	P'Card	56,099.11
05/15/16	Pocket Nurse	Nursing Simulation supplies	677.70	714100	P'Card	55,421.41
05/15/16	Nasco	Nursing Simulation supplies	3,844.62	714100	P'Card	51,576.79
05/15/16	Pocket Nurse	Nursing Simulation supplies	2,060.46	714100	P'Card	49,516.33
05/15/16	McKesson	Nursing Simulation supplies	4,878.01	714100	P'Card	44,638.32
05/15/16	GEPS	Nursing Simulation supplies	2,571.92	714100	P'Card	42,066.40
05/15/16	GEPS	Nursing Simulation supplies	133.84	714100	P'Card	41,932.56
05/15/16	Diamedical	Nursing Simulation supplies	2,841.00	714100	P'Card	39,091.56
05/15/16	EBI	Student Assessment Testing	2,575.00	727140	P'Card	36,516.56
05/19/16	Pinnacle	Nursing Simulation supplies - credit issued for incorrect billing price	-50.00	714100	P'Card	36,566.56
05/25/16	Vicky Stewart	Nursing Simulation supplies	9.00	714100	Exp Rpt	36,557.56
06/03/16	Grace Training	Student Nurse Kits	10,440.00	714100	Purchase Order	26,117.56

06/06/16	McKesson	Nursing Simulation supplies	493.92	714100	Purchase Order	25,623.64
06/06/16	McKesson	Nursing Simulation supplies	43.65	714100	Purchase Order	25,579.99
06/06/16	McKesson	Nursing Simulation supplies	63.00	714100	Purchase Order	25,516.99
06/06/16	McKesson	Nursing Simulation supplies	91.36	714100	Purchase Order	25,425.63
06/06/16	McKesson	Nursing Simulation supplies	151.80	714100	Purchase Order	25,273.83
06/06/16	McKesson	Nursing Simulation supplies	554.40	714100	Purchase Order	24,719.43
06/06/16	McKesson	Nursing Simulation supplies	716.40	714100	Purchase Order	24,003.03
06/06/16	McKesson	Nursing Simulation supplies	38.20	714100	Purchase Order	23,964.83
06/06/16	McKesson	Nursing Simulation supplies	137.74	714100	Purchase Order	23,827.09
06/06/16	McKesson	Nursing Simulation supplies	9.96	714100	Purchase Order	23,817.13
06/06/16	McKesson	Nursing Simulation supplies	221.52	714100	Purchase Order	23,595.61
06/06/16	McKesson	Nursing Simulation supplies	65.67	714100	Purchase Order	23,529.94
06/06/16	McKesson	Nursing Simulation supplies	6.06	714100	Purchase Order	23,523.88
06/06/16	McKesson	Nursing Simulation supplies	483.63	714100	Purchase Order	23,040.25
06/06/16	McKesson	Nursing Simulation supplies	744.00	714100	Purchase Order	22,296.25
06/06/16	McKesson	Nursing Simulation supplies	142.80	714100	Purchase Order	22,153.45
06/06/16	McKesson	Nursing Simulation supplies	1,686.96	714100	Purchase Order	20,466.49
06/06/16	McKesson	Nursing Simulation supplies	1,476.95	714100	Purchase Order	18,989.54
06/06/16	Diamedical	Nursing Simulation supplies	4,694.50	714100	Purchase Order	14,295.04
06/06/16	McKesson	Nursing Simulation equipment	75.16	843100	Purchase Order	14,219.88
06/06/16	McKesson	Nursing Simulation equipment	180.50	843100	Purchase Order	14,039.38
06/06/16	McKesson	Nursing Simulation equipment	112.50	843100	Purchase Order	13,926.88
06/06/16	McKesson	Nursing Simulation equipment	112.50	843100	Purchase Order	13,814.38
06/06/16	McKesson	Nursing Simulation equipment	56.84	843100	Purchase Order	13,757.54
06/06/16	McKesson	Nursing Simulation equipment	251.52	843100	Purchase Order	13,506.02
06/09/16	Cyntox	Hazardous Waste Mgmt. for Simulation	379.70	727140	P'Card	13,126.32
06/16/16	ATI	Student Assessment Testing	1,933.70	727140	Check Request	11,192.62
06/16/16	ATI	Student Assessment Testing	2,260.50	727140	Check Request	8,932.12
06/16/16	ATI	Student Assessment Testing	2,055.00	727140	Check Request	6,877.12
06/16/16	ATI	Student Assessment Testing	200.00	727140	Check Request	6,677.12
06/28/16	McKesson	Supplies that were to be expended against another cost center	-844.29	714100	JE	7,521.41
06/30/16	Pocket Nurse	Nursing Simulation supplies	33.30	714100	P'Card	7,488.11
06/30/16	Pocket Nurse	Nursing Simulation supplies	26.10	714100	P'Card	7,462.01
06/30/16	Pocket Nurse	Nursing Simulation supplies	571.90	714100	P'Card	6,890.11
10/15/16	EBI Mapworks	Student Assessment	3,594.70	727140	JE	3,295.41

Remaining balance due to the following:

Due to reconciliation issues with the account the budget office requested that we hold back 1,000 in order to make sure that the we do not over expend.

Nasco order in the amount of \$735 placed with P'card went into backorder status after cutoff deadlines.

McKesson order in the amount of \$1060 placed on P'card went into went into backorder status after cutoff deadlines.

CSU Laker Card - funds for nursing simulation laundry in the amount of \$500 not processed by cutoff deadlines.

Special Course and Academic Program Fee

Review Form

Signature Page

Prepared By:

Vicky Stewart
Signature

Vicky Stewart
Printed Name

9/23/16
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

College Dean (if applicable)

R. Eckelberger
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:

Michelle Furlong

Signature Date

Original signed by: Michelle Furlong
DN: cn=Michelle Furlong, o=Clayton State University, ou=Biology,
email=mfurlong@clayton.edu, c=US
Date: 2016.10.24 13:39:06 -04'00'

Provost
[Signature]
Signature

10/31/16
Date

President
[Signature]
Signature

10-31-16
Date

Committee Recommendations: The HLTH 3202 course fee appears to have been spent appropriately (as described in the previous application that was submitted). The SCAPFA committee did have some concerns about the fee review. The review form was submitted very late and the required memo describing the revenue, how it was spent and why any significant revenue remained was missing. This is a required portion of the review. We emailed Charlotte Swint (budget manager for the fee) about the deadlines and process in August. The administrative assistant from the Nursing department was asked to prepare this review only one day prior to the deadline. The committee did not know that Vicky Stewart would be asked to prepare this, therefore we didn't communicate with her directly. In the future it would be helpful for Vicky to receive the assignment early so that she can prepare the materials on time. We do not feel the tardiness was her fault.

There was \$3,295.41 remaining in the Nursing Program fee account. While this isn't a great issue the committee questioned why HLTH 3202 requires a course fee to bring in roughly \$1,190 extra revenue which appears to be spent on nursing simulation equipment. While this is fine, the program fee also pays for nursing simulation equipment as well. Therefore, we are recommending that the HLTH 3202 course fee be eliminated (save students some money) and the Nursing Program fee remain. The program fees will require BOR approval and at this point we don't know that it will be approved again (it was last year for FY17) we will not make this recommendation of eliminating the HLTH 3202 course fee if the BOR reduces the program fee. However if the program fee remains the same then the HLTH 3202 fee should be eliminated.

Special Course and Academic Program Fee

Review Form

Fiscal Year Review (Ex. FY15): 2016

Department/College: College of Health – Undergraduate Program

Fee Name: HLTH 3202 – RN-BSN Fees

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

HLTH 3202 Course

Revenue Collected this Fiscal Year 1,190.00

(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	
714100 – Supplies & Materials Expense	1092.40
715000-Repairs and Maintenance	
719000-Rents(Non Real Estate)	
720000-Insurance and Bonding	
720100 – Insurance & Bonding	

Special Course and Academic Program Fee

Review Form

727000-Other Operating Expense	
727140-Other Operating Expense Other	
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)	
843100 – Equipment Purch - Inventory	
Total Expenditures	
Net Operating Gain (Loss) <i>Subtract your total revenue from your total expenditures.</i>	97.60

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

Business Unit: 28000

Fiscal Year: 2016

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

409943 Health Science Lab Fee

-1,190.00

Class Sub-Total

-1,190.00

Dept Total

-1,190.00

BUDGET ACTIVITY REPORT - Detail
Clayton State University

Budget Manager: Lane, Betty Susan	Budget Ref: 2016	From Fiscal Year: 2016	To Fiscal Year: 2016
Department: 0610270 RN-BSN Course Fees	All Fiscal Periods: No	Acct Period From: 1 (JUL2015)	Acct Period To: 12 (JUN2016)
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	<u>Oper Supp and Exp-Budget Acct</u>			11100 / 11000		1,500.00					
714000	Supplies and Materials			11100 / 11000			0.00				
714100	Supplies & Materials Expense										
06/06/16	REQ	0000500352	1	Quote # 22176 - Item No. IV031405 - B			198.50	0.00			
06/06/16	REQ	0000500352	2	Quote # 22176 - INV030510Alaris Medl			675.00	0.00			
06/06/16	REQ	0000500352	3	Quote 22176 - IV039902 - Universal Ex			89.50	0.00			
06/06/16	REQ	0000500352	4	Quote # 22176 - Monoject 10cc Syringe			29.95	0.00			
06/17/16	PO	0000510960	1	Pre-Enc Liquidation: 0000500352/1	DIAMEDICAL		-198.50	0.00			
06/17/16	PO	0000510960	1	Quote # 22176 - Item No. IV031405 - B	DIAMEDICAL		0.00	198.50			
06/17/16	PO	0000510960	2	Pre-Enc Liquidation: 0000500352/2	DIAMEDICAL		-675.00	0.00			
06/17/16	PO	0000510960	2	Quote # 22176 - INV030510Alaris Medl	DIAMEDICAL		0.00	675.00			
06/17/16	PO	0000510960	3	Pre-Enc Liquidation: 0000500352/3	DIAMEDICAL		-89.50	0.00			
06/17/16	PO	0000510960	3	Quote 22176 - IV039902 - Universal Ex	DIAMEDICAL		0.00	89.50			
06/17/16	PO	0000510960	4	Pre-Enc Liquidation: 0000500352/4	DIAMEDICAL		-29.95	0.00			
06/17/16	PO	0000510960	4	Quote # 22176 - Monoject 10cc Syringe	DIAMEDICAL		0.00	29.95			
06/17/16	PO	0000510960	5	Pre-Enc Liquidation: 0000500352/5	DIAMEDICAL		0.00	0.00			
06/17/16	PO	0000510960	5	Quote # 22176 - Shipping	DIAMEDICAL		0.00	99.45			
714111	Sup & Mat-Ship/Handl/Freight										
06/06/16	REQ	0000500352	5	Quote # 22176 - Shipping			99.45	0.00			
06/17/16	PO	0000510960	5	Pre-Enc Liquidation: 0000500352/5	DIAMEDICAL		-99.45	0.00			
06/17/16	PO	0000510960	5	Quote # 22176 - Shipping	DIAMEDICAL		0.00	0.00			
Totals							0.00	1,092.40	0.00	-1,092.40	
Oper Supp and Exp-Budget Acct Total						1,500.00	0.00	0.00	1,092.40	0.00	407.60
Totals for Dept/Fund/Program/Class:											
0610270 / 10600			11100 / 11000			<u>1,500.00</u>	<u>0.00</u>	<u>0.00</u>	<u>1,092.40</u>	<u>0.00</u>	<u>407.60</u>
Totals for Dept/Fund:											
0610270 / 10600						<u>1,500.00</u>	<u>0.00</u>	<u>0.00</u>	<u>1,092.40</u>	<u>0.00</u>	<u>407.60</u>

Collected \$1,190

97.60 Bal.

Special Course and Academic Program Fee

Review Form

Signature Page

Prepared By:

Victoria Foster Signature Victoria Foster Printed Name 9/23/16 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 _____
College Dean (if applicable) Rachulberg Signature 9/23/16 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:

Michelle Furlong Digitally signed by Michelle Furlong
Signature DN: cn=Michelle Furlong, o=Clayton State University, ou=Biological, email=mfurlong@clayton.edu, c=US
Date: 2016.10.24 13:59:14 -04'00'

Provost [Signature] Signature 10/31/16 Date

President [Signature] Signature 10-31-16 Date

Committee comments: This FNP fee was originally proposed to obtain materials, supplies, a documentation system, etc. However in FY16 the fees were used to pay for clinical placement. This was NOT approved by the committee or the BOR. The explanation of the account not being set up correctly by Scott McElroy wasn't clear to the committee. The account was clearly set up, but was used improperly. Given that the program appeared successful with the supplies and materials which were not purchased the committee feels that the fee is not really needed for a successful program. The committee recommends denying the fee for FY18.

Special Course and Academic Program Fee

Review Form

Fiscal Year Review (Ex. FY15): 2016

Department/College: College of Health – FNP Program

Fee Name: FNP Program Fee

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

NURS 6610
 NURS 6620
 NURS 6630
 NURS 6640
 NURS 6650
 NURS 6680
 NURS 6690

Revenue Collected this Fiscal Year 27,000.00

(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	
714100 – Supplies & Materials Expense	844.29

Special Course and Academic Program Fee

Review Form

715000-Repairs and Maintenance	
719000-Rents(Non Real Estate)	
720000-Insurance and Bonding	949.00
727000-Other Operating Expense	
733000-Software	2,900.00
742000-Publications and Printing	
743000-Equipment(Small Value)	
744000-IT Equipment(Small Value)	
748000-Real Estate Rentals	
751000-Per Diems & Fees	
753000-Contracts	22,275.00
771000-Telecommunications	
781000-Scholarships	
783000-Stipends	
<i>Equipment</i>	
843000-Equipment(Inventory)	
Total Expenditures	26,968.29
Net Operating Gain (Loss)	31.71
<i>Subtract your total revenue from your total expenditures.</i>	

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.

BUDGET ACTIVITY REPORT - Detail
Clayton State University

Budget Manager: Lane, Betty Susan	Budget Ref: 2016	From Fiscal Year: 2016	To Fiscal Year: 2016
Department: 0610130 FNP Program Fees	All Fiscal Periods: No	Acct Period From: 1 (JUL2015)	Acct Period To: 12 (JUN2016)
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>Class</u>	<u>Budgeted</u>	<u>Budgeted</u>				
		<u>Description</u>	<u>Vendor</u>	<u>Check</u>				
700000	Oper Supp and Exp-Budget Acct	11100 / 11000	27,000.00					
714000	Supplies and Materials	11100 / 11000		0.00				
714100	Supplies & Materials Expense							
06/28/16	JE	0000324289	2	Transfer a portion of expenses		0.00	0.00	844.29
	Totals					0.00	0.00	844.29
								-844.29
720000	Insurance And Bonding	11100 / 11000		0.00				
720100	Insurance And Bonding							
08/11/15	Vchr	05302758	1	Pmt for addt'l stu for liabili	MARSHUSAIN	218936	0.00	499.00
10/26/15	Vchr	05304423	1		MARSHUSAIN	220091	0.00	450.00
	Totals					0.00	0.00	949.00
								-949.00
733000	Software	11100 / 11000		0.00				
733100	Software - Purchased							
08/11/15	PO	0000510389	1	SYSTEM SETUP AND TRAINING, ANNUAL SUB	TYPHONGROU		0.00	2,900.00
10/14/15	Vchr	05304138	1	Enc Liquidation: 0000510389/1	TYPHONGROU		0.00	-2,900.00
10/14/15	Vchr	05304138	1	SYSTEM SETUP AND TRAINING, ANN	TYPHONGROU	219856	0.00	2,900.00
	Totals					0.00	0.00	2,900.00
								-2,900.00
753000	Contracts	11100 / 11000		0.00				
753100	Contracts							
06/23/16	PO	0000510986	1	Clinic Rotation - Pediatric Course	NURSEPRACT		0.00	6,075.00
06/23/16	PO	0000510986	2	Clinic Rotation - Elderly Course	NURSEPRACT		0.00	16,200.00
	Totals					0.00	0.00	22,275.00
								0.00
	Oper Supp and Exp-Budget Acct Total					27,000.00	0.00	0.00
								22,275.00
								4,693.29
								31.71
<u>Totals for Dept/Fund/Program/Class:</u>								
	0610130 / 10600	11100 / 11000				27,000.00	0.00	0.00
								22,275.00
								4,693.29
								31.71

BUDGET ACTIVITY REPORT - Detail
Clayton State University

Budget Manager: Lane, Betty Susan			Budget Ref: 2016	From Fiscal Year: 2016	To Fiscal Year: 2016
Department: 0610130	FNP Program Fees		All Fiscal Periods: No	Acct Period From: 1 (JUL2015)	Acct Period To: 12 (JUN2016)
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>				
<u>Totals for Dept/Fund:</u>										
			0610130 / 10600		<u>27,000.00</u>	<u>0.00</u>	<u>0.00</u>	<u>22,275.00</u>	<u>4,693.29</u>	<u>31.71</u>

REVENUE SUMMARY REPORT
Clayton State University

Business Unit: 28000

Fiscal Year: 2016

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

Fund: 10600

Department: 0610130 FNP Course Fees

Class: 11000 Gen Opns - General

Project/Grant:

409000 - Other Fees

409943 Health Science Lab Fee

-27,000.00

Class Sub-Total

-27,000.00

Dept Total

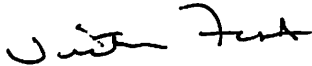
-27,000.00

TO: Special Course Fee Committee
FROM: Victoria Foster
DATE: September 23, 2016
RE: Items not in original narrative

Dear Committee Members,

When the account for the FNP program was established, we intended for the fees to cover the student for the five semesters that they are in the program. The account was not set up that way and we were faced with the possibility of having the money swept at year end. To productively use the money for student progress, we decided to contract with Nurse Practitioner Clinical Rotations. We were really struggling to find sites and this money was used to successfully place the students at clinical sites. We have since then contact Scott McElroy to set up the account as it should be.

Respectfully,

A handwritten signature in black ink, appearing to read "Victoria Foster", written in a cursive style.

Victoria Foster

Special Course and Academic Program Fee

Review Form

Signature Page

Prepared By:

Susan I. Duley
Signature

Susan I. Duley
Printed Name

9-21-16
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:

Susan I. Duley
Signature

9/21/16
Date

College Dean (if applicable)

Michelle Furlong
Signature

9/22/16
Date

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

Michelle Furlong

Chair of the Special Course and Academic Fee

Signature

Date

Digitally signed by Michelle Furlong
DN: cn=Michelle Furlong, o=Clayton State University, ou=Biolog,
email=mfurlong@clayton.edu, c=US
Date: 2016.10.24 13:44:51 -04'00'

Provost

Kurt
Signature

10/31/16
Date

President

Mark
Signature

10-31-16
Date



Committee Recommendations: Sixty six percent of the revenue collected from this fee remained unspent and was swept at the end of FY16. During FY15 a large percentage of the revenue from the fee remained as well. \$1,831.52 was used for travel, which was not approved for this particular fee (based on the application submitted previously). No memo was provided explaining the significant revenue remaining as requested on the review form. Since only \$919.60 of the total revenue (\$8,169.00) was spent on appropriate (approved) items, the committee recommends a fee reduction for these courses. We recommend that the fee be reduced from \$35 per course to \$15 per course. If the Dental Hygiene program would like to use the fee revenue for travel then they will need to submit a new application requesting this. If the program would like to appeal the committee decision and reapply to cover travel the appeal and application is due by Oct. 14 at 11:59 p.m. and we invite you to attend our appeals meeting which will take place in the LDSC room 151 on Oct. 21.

Special Course and Academic Program Fee

Review Form

Fiscal Year Review (Ex. FY15): FY2016

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 \$8,169.00

(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	
	1,831.52

Special Course and Academic Program Fee

Review Form

<i>OS&E</i>	
714000-Supplies and Materials	
715000-Repairs and Maintenance	
719000-Rents(Non Real Estate)	124.60
720000-Insurance and Bonding	795.00
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	2,751.12
Net Operating Gain (Loss)	
<i>Subtract your total revenue from your total expenditures.</i>	5,417.88

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

Business Unit: 28000
Fiscal Year: 2016

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

Class: 10600 Department: 0610310 Dental Hygiene Lab Fees

Class: 11000 Gen Opns - General

Project/Grant:

409000 - Other Fees

409943 Health Science Lab Fee

-8,169.00

Class Sub-Total -8,169.00

Dept Total -8,169.00

BUDGET ACTIVITY REPORT - Detail
Clayton State University

Budget Manager: Duley, Susan		Budget Ref: 2016	From Fiscal Year: 2016	To Fiscal Year: 2016
Department: 0610310	Dental Hygiene Lab Fees	All Fiscal Periods: No	Acct Period From: 1 (JUL2015)	Acct Period To: 12 (JUN2016)
Fund Code: 10600	Other General			

Account	Jrnl/Tran	Program/Class	APPROP Budgeted	ORG Budgeted	Pre-Encum	Encumbrance	Expended	Remaining		
Date	Type	DocumentID	Line	Description	Vendor	Check				
600000	Travel - Budgetary Account	11100 / 11000	0.00							
651000	Travel - Non-Employee	11100 / 11000				0.00				
651120	Travel-Non-Emp/Team-Air									
06/30/16	JE	PC00332192	270	Procurement Card - 6/30/2016			0.00	330.20		
06/30/16	JE	PC00332192	273	Procurement Card - 6/30/2016			0.00	330.20		
06/30/16	JE	PC00332192	275	Procurement Card - 6/30/2016			0.00	330.20		
06/30/16	JE	PC00332192	276	Procurement Card - 6/30/2016			0.00	330.20		
651140	Trvl-Non-Emp/Team-Lodging									
06/30/16	JE	PC00332192	271	Procurement Card - 6/30/2016			0.00	510.72		
Totals							0.00	0.00	1,831.52	-1,831.52
Travel - Budgetary Account Total			0.00	0.00	0.00	0.00	1,831.52	-1,831.52		
700000	Oper Supp and Exp-Budget Acct	11100 / 11000	8,169.00							
719000	Rents- Non-Real Estate	11100 / 11000		0.00						
719100	Rents- Non-Real Estate									
06/30/16	JE	EXT1000755	5	Van Usage - June 2016 (S.Usher			0.00	124.60		
Totals							0.00	0.00	124.60	-124.60
720000	Insurance And Bonding	11100 / 11000				0.00				
720100	Insurance And Bonding									
10/26/15	Vchr	05304425	1		MARSHUSAIN	220091	0.00	420.00		
12/15/15	Vchr	05305494	1	Pmt-addt'l-28 stu-dental hygie	MARSHUSAIN	220702	0.00	375.00		
Totals							0.00	0.00	795.00	-795.00
Oper Supp and Exp-Budget Acct Total			8,169.00	0.00	0.00	0.00	919.60	7,249.40		
Totals for Dept/Fund/Program/Class:										
0610310 / 10600		11100 / 11000	8,169.00	0.00	0.00	0.00	2,751.12	5,417.88		

BUDGET ACTIVITY REPORT - Detail
Clayton State University

Budget Manager: Duley, Susan		Budget Ref: 2016	From Fiscal Year: 2016	To Fiscal Year: 2016
Department: 0610310	Dental Hygiene Lab Fees	All Fiscal Periods: No	Acct Period From: 1 (JUL2015)	Acct Period To: 12 (JUN2016)
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>Description</u>	<u>Budgeted</u>	<u>Budgeted</u>			
					<u>Vendor</u>	<u>Check</u>			
<u>Totals for Dept/Fund:</u>									
		0610310 / 10600			8,169.00	0.00	0.00	2,751.12	5,417.88

Total Expended to Date \$2,751.12

Special Course and Academic Program Fee Advisory Committee Rubric

For Annual Review/Audit of Fees

Name of Fee: Dental Hygiene Lab Fee

Reviewer: _____

Score ranges from 1-5 where five indicates highly meets the criteria and one indicates the criteria is certainly not met.

Criteria	Score	Comments
The fees were used to purchase items that were listed in the original approved application.		
The fee account did not leave a significant amount of revenue remaining.		
The fee account did not have a significant deficit.		
The review form was completed appropriately and included all required elements.		
The review form and attachments were submitted by the deadline.		

Do you feel that there should be any adjustments in this fee (reductions, increases, eliminations or expansion of allowable expenditures)? Please explain your rationale.

Do you have any other recommendations about this fee or management of this fee? Please explain your rationale.

Special Course and Academic Program Fee

Review Form

Signature Page

Prepared By:

Signature [Handwritten Signature]

Melanie Poudevigne
Printed Name

9/16/2016
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 [Handwritten Signature]

9/21/16
Date

College Dean (if applicable)

Signature [Handwritten Signature]

9/23/14
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:

Michelle Furlong

Signature

Digitally signed by Michelle Furlong
DN: cn=Michelle Furlong, o=Clayton State University, ou=Biology,
email=mfurlong@clayton.edu, c=US
Date: 2016.10.24 13:24:49 -04'00'

Date

Provost

Signature [Handwritten Signature]

10/31/16
Date

President

Signature [Handwritten Signature]

10/31-16
Date



Committee Review: You did an outstanding job explaining the misallocation charge and the revenue remaining. The SCAPFA Committee did not feel that the revenue remaining was significant (10% of the revenue collected is not bad). For the misallocation membership charge you may want to search for these errors during your quarterly reviews of your fees. Many of us experience misallocations (items that should be allocated to dept. budget versus fee budget). If you catch it during a quarterly review you can ask Nicole Harris or Scott McElroy to move the expense to the correct location. Since the membership dues posted in Feb. this could have been fixed during the 3rd quarter review. If you are not receiving Nicole's emails about quarterly reviews ask Peter. Maybe he is getting them? Not sure. Just a suggestion. The committee recommends no changes to these course fees and feels they have been managed well.

Special Course and Academic Program Fee

Review Form

Fiscal Year Review (Ex. FY15): F16

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 \$ 10,942.70

(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>	
<i>OS&E</i>	
714000-Supplies and Materials	9,081.33
720000-Insurance and Bonding	420
727000 Other operating expense	349
<i>Equipment</i>	
Total Expenditures	9,850.33
Net Operating Gain (Loss) <i>Subtract your total revenue from your total expenditures.</i>	1,092.37

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 F16
DATE: SEPTEMBER 16, 2016
CC: DR FITZPATRICK

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

The membership item for \$349 should have been charged to a different HFMG account. The other HFMG account received a refund related to this item because the membership payment was not necessary. Please see attachment for evidence. Membership's fees are not to be paid out of the HFM lab fee account. The department assistant usually charges them to the correct account. I am usually able to catch such mistake. Such mistake must not happen again.

Also, three American Red Cross payments from Dr. Stephanie Bennett-Walker's courses F16 did not post to the HFMG lab fee account as expected before the end of the academic year. The three expected payments were for \$567, \$432, and \$378. Hence the positive balance for \$1092 when we were expecting a remaining one for \$64.

Receipt	HFMG Lab Fee	Supplies Expense	Vendor	account: 0210520 / 10600	Description	P-card or cash or check	Course	Total	
21064	1-Sep-15		Ralshala Health LLC		Cards CPR SBW	Check	2110	\$126.00	verified
20165	15-Sep-15		PRO CPR inc.		AEDs electrodes replacements	PC	2110	\$24.00	verified
201613	27-Oct-15		Clayton State Accounting		Malpractice insurance	other	4999/4970	\$420.00	BONDING/INSURANCE
201622	10-Nov-15		Ralshala Health LLC		Cards CPR SBW	Check	2110	\$240.00	verified
201617	2-Feb-16		Ralshala Health LLC		Cards CPR SBW	Check	2110	\$84.00	verified
201618	15-Feb-16		American Red Cross		cards SBW	PC	2110	\$567.00	verified
201619	15-Jan-16		Emergency Training Associates		face shields	PC	2110	\$44.55	verified
201623	14-Oct-15		American Red Cross		Cards SBW	PC	2110	\$567.00	never posted
201624	15-Nov-15		American Red Cross		Cards SBW	PC	2110	\$486.00	verified
201627	15-Feb-15				color ink	PC	3101	\$73.98	verified
201626	15-Feb-16				staples	PC	3101	\$5.80	verified
201629	15-Feb-16		Avery		white board erasers	PC	3101	\$47.96	verified
201631	15-Mar-16		American Red Cross		transfer sheets	PC	3101	\$47.96	verified
201631b	15-Mar-16		American Red Cross		DVDs	PC	2110	\$151.75	verified
201635	15-Mar-16		American Red Cross		DVDs	PC	2110	\$151.75	verified
201639	3-Mar-16		Channing Bette Company	American Heart Association	DVDs and instructor manuals	PC	2110	\$204.60	verified
201636	15-Mar-16		American Red Cross		Cards SBW	PC	2110	\$432.00	never posted
201637	24-Mar-16		American Red Cross		Cards Poudevigne	PC	2110	\$621.00	verified
201638	24-Mar-16		Ralshala Health LLC		Cards Poudevigne	PC	2110	\$138.00	verified
201638	28-Mar-16		Ralshala Health LLC		Cards SBW	PC	2110	\$96.00	verified
201648	28-Apr-16		American Red Cross		Cards SBW	PC	2110	\$378.00	never posted
201650	12-May-16		Ralshala Health LLC		Cards SBW	Check	2110	\$84.00	verified
201649	10-May-16		Ralshala Health LLC		Cards Poudevigne	Check	2110	\$108.00	verified
201643	15-Apr-16		Adamant Barbell		Platform w/logo and weights	PC	3130	\$1,752.00	verified
201644	15-Apr-16		Fitness Giant		Functional trainer	PC	3130	\$2,135.99	verified
201645	15-May-16		TRX		TRX system	PC	3130	\$315.30	verified
201646	15-May-16		BIOPAC		Electrodes	PC	3101	\$295.00	verified
201647	15-May-16		Gtech fitness		MIRROR	PC	3140	\$565.00	verified
201652	15-May-16		Rogue		deadlift jack	PC	3130	\$184.21	verified
201651	15-May-16		Adamant Barbell		plate rack and curl bar	PC	3130 \$	296.00	verified
201654	30-Jun-16		American Red Cross		Cards Poudevigne	PC	2110 \$	270.00	verified
201656	31-May-16		Post office		Mailing 2015 CPR cards	other	2110 \$	13.44	verified

ledger X

\$10,878.33 \$64.37 remaining

Melanie Poudevigne

From: Melanie Poudevigne
Sent: Tuesday, February 02, 2016 3:36 PM
To: 'Stephanie Lander'
Subject: RE: Transaction Refund from Association of Applied Sport Psychology for 324.00 (USD)

Thank you!

Mélanie Poudevigne, FACSM, CC-AASP
Director & Professor
Clayton State University
College of Health
Health & Fitness Management
Natural & Behavioral Science 131
2000 Clayton State Blvd.
Morrow, Georgia 30260
<http://clayton.edu/faculty/mpoudevi>
www.clayton.edu/hfmg
678.466.4937 (o/c)
678.466.4669 (f)
"Dreams. Made Real."



From: Stephanie Lander [mailto:slander@hp-assoc.com]
Sent: Tuesday, February 02, 2016 3:35 PM
To: Melanie Poudevigne <MelaniePoudevigne@clayton.edu>
Subject: Re: Transaction Refund from Association of Applied Sport Psychology for 324.00 (USD)

Hi Melanie:

Thank you for your email. The email that you received previously was a reminder to pay your 2016 CC-AASP dues, not your membership dues. Your membership dues through 2016 were paid on January 13, 2015. As such, I refunded you \$324 (membership dues payment) of the \$349 payment, and kept the \$25 CC-AASP dues payment.

Both your AASP Membership and CC-AASP dues are currently through the end of 2016, and you will receive a reminder again in January 2017 to pay your dues for both.

Best,
Stephanie

Stephanie Lander
Membership/Communications Manager
Association for Applied Sport Psychology

From: Auto-Receipt [<mailto:noreply@mail.authorize.net>]

Sent: Tuesday, February 02, 2016 3:10 PM

To: Andrea Johnson <AndreaJohnson@clayton.edu>

Subject: Transaction Refund from Association of Applied Sport Psychology for 324.00 (USD)

REFUND CONFIRMATION

Order Information

Description: AASP Membership Renewal - already paid 2016 dues

Invoice Number: 148736034656

Billing Information

Andrea Johnson
Clayton State University
Morrow, Georgia 30260
US
AndreaJohnson@clayton.edu
6784664570

Shipping Information

Total: 324.00 (USD)

Payment Information

Date/Time: 2-Feb-2016 15:09:36 EST
Transaction ID: 7947792199
Payment Method: Visa xxxx4079
Transaction Type: Refund
Auth Code:

Merchant Contact Information

Association of Applied Sport Psychology
Indianapolis, IN 46240
US
info@appliedsportpsych.org

BUDGET ACTIVITY REPORT - Detail
Clayton State University

Budget Manager: Poudevigne, Melanie Budget Ref: 2016 From Fiscal Year: 2016 To Fiscal Year: 2016
 Department: 0610420 HFMG Fees All Fiscal Periods: No Acct Period From: 1 (JUL2015) Acct Period To: 12 (JUN2016)
 Fund Code: 10600 Other General

Account	Jrnl/Tran	Program/Class	APPROP Budgeted	ORG Budgeted	Pre-Encum	Encumbrance	Expended	Remaining
	Date	Type DocumentID Line Description	Vendor	Check				
700000	Oper Supp and Exp-Budget Acct		11100 / 11000	12,000.00				
714000	Supplies and Materials		11100 / 11000	0.00				
714100	Supplies & Materials Expense							
	09/01/15	Vchr 05303235 1 Certificates/HFM2110	RAHLALS	219294	0.00	0.00	126.00	
	09/15/15	JE PC00227941 454 09/15/15 Procurement Card - (S			0.00	0.00	24.00	
	11/10/15	Vchr 05304709 1 40 BLS Ecards	RAHLALS	220252	0.00	0.00	240.00	
	11/15/15	JE PC00248387 649 Procurement Card - 11/15/2015			0.00	0.00	486.00	
	01/15/16	JE PC00267781 63 Procurement Card - 01/16/16 (			0.00	0.00	44.55	
	02/02/16	Vchr 05306386 1 AHA cards for HFMG 2110	RAHLALS	221570	0.00	0.00	84.00	
	02/15/16	JE PC00281967 162 Procurement Card -02/15/2016			0.00	0.00	-37.13	
	02/15/16	JE PC00281967 163 Procurement Card -02/15/2016			0.00	0.00	5.80	
	02/15/16	JE PC00281967 199 Procurement Card -02/15/2016			0.00	0.00	37.13	
	02/15/16	JE PC00281967 276 Procurement Card -02/15/2016			0.00	0.00	47.96	
	02/15/16	JE PC00281967 291 Procurement Card -02/15/2016			0.00	0.00	73.98	
	02/15/16	JE PC00281967 424 Procurement Card -02/15/2016			0.00	0.00	567.00	
	03/15/16	JE PC00291423 1 Procurement Card - 3/15/2016			0.00	0.00	151.75	
	03/15/16	JE PC00291423 181 Procurement Card - 3/15/2016			0.00	0.00	151.75	
	03/15/16	JE PC00291423 415 Procurement Card - 3/15/2016			0.00	0.00	621.00	
	03/15/16	JE PC00291423 484 Procurement Card - 3/15/2016			0.00	0.00	204.60	
	04/15/16	JE PC00303417 326 Procurement Card -4/15/2016 (			0.00	0.00	2,135.99	
	04/15/16	JE PC00303417 564 Procurement Card -4/15/2016 (			0.00	0.00	1,752.00	
	05/15/16	JE PC00318307 33 Procurement Card - 05/15/2016			0.00	0.00	184.21	
	05/15/16	JE PC00318307 46 Procurement Card - 05/15/2016			0.00	0.00	296.00	
	05/15/16	JE PC00318307 258 Procurement Card - 05/15/2016			0.00	0.00	315.30	
	05/15/16	JE PC00318307 391 Procurement Card - 05/15/2016			0.00	0.00	565.00	
	05/15/16	JE PC00318307 606 Procurement Card - 05/15/2016			0.00	0.00	295.00	
	06/30/16	JE PC00332192 255 Procurement Card - 6/30/2016			0.00	0.00	270.00	
714120	Supplies & Matl Exp - Other							
	03/24/16	Vchr 05307404 1 BLS Cards	RAHLALS	222365	0.00	0.00	138.00	
	03/28/16	Vchr 05307507 1 AHA CPR Cards	RAHLALS	222394	0.00	0.00	96.00	
	05/10/16	Vchr 05308222 1 HFMG lab fees-18 BLS eCards	RAHLALS	222867	0.00	0.00	108.00	
	05/12/16	Vchr 05308361 1 BLS eCards	RAHLALS	222913	0.00	0.00	84.00	
	05/31/16	JE EXT1000745 4 Docutech - May 2016 (S.Usher)			0.00	0.00	13.44	
	Totals				0.00	0.00	9,081.33	-9,081.33
720000	Insurance And Bonding		11100 / 11000	0.00				

BUDGET ACTIVITY REPORT - Detail
Clayton State University

Budget Manager: Poudevigne, Melanie
 Department: 0610420 HFMG Fees
 Fund Code: 10600 Other General

Budget Ref: 2016
 All Fiscal Periods: No

From Fiscal Year: 2016
 Acct Period From: 1 (JUL2015)

To Fiscal Year: 2016
 Acct Period To: 12 (JUN2016)

Account	Jrnl/Tran	Program/ Class	APPROP Budgeted	ORG Budgeted	Pre-Encum	Encumbrance	Expended	Remaining	
Date	Type	DocumentID	Vendor	Check					
720100	Insurance And Bonding								
10/26/15	Vchr	05304424	MARSHUSAIN	220091	0.00	0.00	420.00	-420.00	
Totals					0.00	0.00	420.00	-420.00	
727000	Other Operating Expense	11100 / 11000		0.00					
727130	Oth Oper Exp - Memberships								
02/15/16	JE	PC00281967	419	Procurement Card -02/15/2016	0.00	0.00	349.00	-349.00	
Totals					0.00	0.00	349.00	-349.00	
Oper Supp and Exp-Budget Acct Total					<u>0.00</u>	<u>0.00</u>	<u>9,850.33</u>	<u>2,149.67</u>	
<u>Totals for Dept/Fund/Program/Class:</u>									
0610420 / 10600			11100 / 11000		<u>12,000.00</u>	<u>0.00</u>	<u>0.00</u>	<u>9,850.33</u>	<u>2,149.67</u>
<u>Totals for Dept/Fund:</u>									
0610420 / 10600					<u>12,000.00</u>	<u>0.00</u>	<u>0.00</u>	<u>9,850.33</u>	<u>2,149.67</u>