### Review Form

### Signature Page

Prepared By:				
Signature	Poulingre	Melanie P	oudevigne Printed Name	9/14/2018
	ate Dean and Dean of the plication Form by the Spe			the signature page prior to ory Committee.
3M	Dean/Associate VPAA:	10/18	College Dean (if app	
Signature  By signing you ar	re indicating that you revi	Date ewed the fee	Signature and/or the comments m	Date nade by the advisory committee.
milile	ial Course and Academic F		ommittee;	
Signature		Date		
Provost		·		
Signature		Date		
President		: 2		
Signature		Date		

Committee Review Comments and Recommendations:

The revenue was \$9,629 and the expenses were \$10,371 which left a deficit of \$742 (8% of the revenue). The budget manager was expecting \$420 to post next fiscal year versus FY18, which seems like a reasonable mistake. The committee has no recommendations.

No changes recommended

Does not require BOR approval.

### Review Form

Fiscal Year Review (Ex. FY15): <u>FY18</u>	
Department/College: <u>HFMG/COH</u>	
Fee Name: <u>HFMG lab fee</u>	

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 (\$21.75 Insurance)
HFMG 4970: Internship in HFMG (\$21.75 Ins.)
HFMG 4999: HFMG Capstone (\$21.75 Ins.)
HFMG 3121: Injury Prevention (\$35)

Revenue Collected this Fiscal Year _	\$ 9,629.36
(obtain this from the revenue sumn	nary report you attach)

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

<u>Expenditures</u>	Amount
Personal Services	
OS&E	
714000-Supplies and Materials	6,487.60
720000-Insurance and Bonding	585.00
727000 Other operating expense	673.24
743000 – Equipment Purchase Small Value	2,625.19
Total Expenditures	10,371.03
Net Operating Gain (Loss)	(741.67)
Subtract your total revenue from your total expenditures.	

### 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.

### Review Form

### **MEMORANDUM**

TO: DR. MICHELLE FURLONGFROM: MELANIE POUDEVIGNE

**SUBJECT:** ACADEMIC LABORATORY/MATERIAL FEES F17

**DATE:** AUGUST 14, 2018 **CC:** DR FITZPATRICK

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

American Red Cross	CPR Cards	End of June 2018	\$420
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This item was processed late in June when we were expecting it to post in the next fiscal year. The check request was dated after closing date FY18.

Please see attached budget office correspondence to explain loss.

### REVENUE SUMMARY REPORT Clayton State University

Business Unit: 28000

Fiscal Year: 2018 From Acct. Period: 1 To Acct. Period: 12

Fund: 10600 Department: 0610420 HFMG Fees

Class: 11000 General Operations Project/Grant:

-9,629.36

> Class Sub-Total -9,629.36

Dept Total -9,629.36

Version#: 4.40 Page: 1 Report ID: BORRG025 Date: 08/17/2018 @ 09:40:49

Budget Manager: Poudevigne, Melanie Budget Ref: 2018 From Fiscal Year: 2018 To Fiscal Year: 2018

Department: 0610420 HFMG Fees All Fiscal Periods: No Acct Period From: 1 (JUL2017) Acct Period To: 12 (JUN2018)

					Program/	APPROP	ORG				
Account	Jrnl/Tran				Class	Budgeted	Budgeted	Pre-Encum	Encumbrance	Expended	Remaining
	Date	Type	DocumentID	Line	Description	Vendor	Check				
700000	Operating	Suppl	ies & Expense	es	11100 / 11000	12,750.00					
F1 4000	014	3. 34.			11100 / 11000		0.00				
714000				_	11100 / 11000		0.00				
,	_	_	and Materials		and dealer for the dealer	AMED TO ANDTO	021012	0.00	0.00	1 040 00	
			05322685		ARC Cards for Students	AMERICANNT	231213	0.00	0.00	1,242.00	
	11/30/17		0000513315	3	BOR PCARD for Nov Statement (F		021400	0.00	0.00	81.87	
	12/15/17		05323367	1	HFMG 2110 -BLS Course cards	CARRLISAD	231490	0.00	0.00	140.00	
	12/31/17		0000521494	13	BOA PCARD for DECEMBER STATEME			0.00	0.00	19.07	
	12/31/17		0000521494	14	BOA PCARD for DECEMBER STATEME			0.00	0.00	136.14	
	12/31/17		0000521494	15	BOA PCARD for DECEMBER STATEME			0.00	0.00	9.99	
	12/31/17		0000521494	16	BOA PCARD for DECEMBER STATEME			0.00	0.00	50.40	
	01/16/18	Vchr	05324485	1	supl- Health & fitness Mgmt pr	DISCOUNTOF	231672	0.00	0.00	38.39	
	01/19/18	Vchr	05324559	1	ARC Cards for Students	AMERICANNT	231657	0.00	0.00	540.00	
	01/26/18	REQ	0000502153	1	Canon #118 Black Laser Toner Cart	ridg		200.46	0.00	0.00	
	01/26/18	REQ	0000502153	2	Staples Multi-Purpose Paper; 8-1/	2x11		26.77	0.00	0.00	
	01/31/18	JE	0000532083	30	BOA PCARD for JANUARY STATEMEN			0.00	0.00	388.00	
	02/06/18	PO	0000512905	1	Canon #118 Black Laser Toner Cart	ridg STAPLE-CAT		0.00	200.46	0.00	
	02/06/18	PO	0000512905	1	Pre-Enc Liquidation: 0000502153/	1 STAPLE-CAT		-200.46	0.00	0.00	
	02/06/18	PO	0000512905	2	Pre-Enc Liquidation: 0000502153/	2 STAPLE-CAT		-26.77	0.00	0.00	
	02/06/18	PO	0000512905	2	Staples Multi-Purpose Paper; 8-1/	2x11 STAPLE-CAT		0.00	26.77	0.00	
	02/14/18	Vchr	05325813	1	Supplies- Hlth & Fitness Mgmt	STAPLE-CAT	000640	0.00	0.00	348.99	
	02/16/18	Vchr	05325897	1	Canon #118 Black Laser Toner C	STAPLE-CAT	000633	0.00	0.00	200.46	
	02/16/18	Vchr	05325897	1	Enc Liquidation: 0000512905/1	STAPLE-CAT		0.00	-200.46	0.00	
	02/16/18	Vchr	05325897	2	Staples Multi-Purpose Paper; 8	STAPLE-CAT	000633	0.00	0.00	26.77	
	02/16/18	Vchr	05325897	2	Enc Liquidation: 0000512905/2	STAPLE-CAT		0.00	-26.77	0.00	
	02/21/18	Vchr	05326038	1	Biostamp Adhesive Packs	MC10,INC	232445	0.00	0.00	90.00	
	02/28/18	JE	0000538890	2	To correct the department on t			0.00	0.00	249.99	
	02/28/18	JE	0000543609	28	BOA PCARD for FEBUARY'S STATEM			0.00	0.00	39.84	
	03/27/18	Vchr	05327444	1	HFMG 2110/45 AHA BLS cards	CARRLISAD	232832	0.00	0.00	315.00	
	03/29/18	REO	0000502464	1	Staples Copy Paper; 8-1/2x11", Le		202032	56.52	0.00	0.00	
	03/29/18	~	0000513152	1	Staples Copy Paper; 8-1/2x11", Le			0.00	56.52	0.00	
	03/29/18	PO	0000513152	1	Pre-Enc Liquidation: 0000502464/			-56.52	0.00	0.00	
	04/03/18	Vchr	05327687	1	Staples Copy Paper; 8-1/2x11",	STAPLE-CAT	000802	0.00	0.00	56.52	
	04/03/18	Vchr	05327687	1	Enc Liquidation: 0000513152/1	STAPLE-CAT	000002	0.00	-56.52	0.00	
	04/03/18	Vchr	05327687	1	CPR HFMG 2110 cards	AMERICANNT	233183	0.00	0.00	644.00	
	04/18/18	Venr	05328416		BioStamp Skin Adhesive		233183	0.00	0.00	315.00	
				1	-	MC10,INC	433338				
	04/30/18	JE	0000566069	24	BOA PCARD for APRIL'S STATEMEN			0.00	0.00	285.00	

Fund Code:

10600

Other General

Budget Manager: Poudevigne, Melanie Budget Ref: 2018 From Fiscal Year: 2018 To Fiscal Year: 2018

Department: 0610420 HFMG Fees All Fiscal Periods: No Acct Period From: 1 (JUL2017) Acct Period To: 12 (JUN2018)

				Program/	APPROP C	)RG				
Account Jrnl/Tran				<u>Class</u>	Budgeted B	Budgeted	Pre-Encum	Encumbrance	Expended	Remaining
Date	Type	DocumentID	Line	Description	Vendor	Check				
05/31/18		0000582622	15	BOA PCARD for MAY'S STATEMENT			0.00	0.00	6.70	
	JE	0000582622	16	BOA PCARD for MAY'S STATEMENT			0.00	0.00	71.91	
	JE	0000582622	17	BOA PCARD for MAY'S STATEMENT			0.00	0.00	121.97	
05/31/18	JE	0000582622	18	BOA PCARD for MAY'S STATEMENT			0.00	0.00	44.99	
06/28/18	Vchr	05330906	1	ARC Cards for 15 Students	AMERICANNT	234098	0.00	0.00	420.00	
= =	_	& Matl Exp -								
10/24/17	Vchr	05321302	1	Fall class certification cards	CARRLISAD	230710	0.00	0.00	154.00	
11/29/17	Vchr	05322678	1	supplies-blood pressure equip	JONSONPAY		0.00	0.00	-221.26	
11/29/17	Vchr	05322678	1	supplies-blood pressure equip	JONSONPAY		0.00	0.00	221.26	
11/29/17	Vchr	05322679	1	supplies-health &fitness Mgmt	MEDSHOPDIS	231222	0.00	0.00	221.26	
12/15/17	Vchr	05323368	1	student lab fee	PERFORMANC	231446	0.00	0.00	229.34	
Totals							0.00	0.00	6,487.60	-6,487.60
720000 Insurance	And B	onding		11100 / 11000		0.00				
720100 Ins	urance	And Bonding								
10/20/17	REQ	0000501829	1	Mercer Professional Student Liabili	.ty		585.00	0.00	0.00	
10/20/17	PO	0000512553	1	Pre-Enc Liquidation: 0000501829/1	MERCERHEAL		-585.00	0.00	0.00	
10/20/17	PO	0000512553	1	Mercer Professional Student Liabili	ty MERCERHEAL		0.00	585.00	0.00	
10/23/17	Vchr	05321185	1	Mercer Professional Student Li	MERCERHEAL	230613	0.00	0.00	585.00	
10/23/17	Vchr	05321185	1	Enc Liquidation: 0000512553/1	MERCERHEAL		0.00	-585.00	0.00	
Totals							0.00	0.00	585.00	-585.00
727000 Other Open	rating	Expense		11100 / 11000		0.00				
727100 Oth	er Ope	rating Expen	se							
04/17/18	Vchr	05328291	1	CPR Practice Shields	VALUNETCOR	233172	0.00	0.00	25.24	
05/22/18	Vchr	05329544	1	ARC Cards	AMERICANNT	233641	0.00	0.00	588.00	
727130 Oth	Oper	Exp - Member:	ships							
11/09/17	ExRpt	0000607707	1	HFMG Program faculty must maintain	cu Poudevigne,Me	la 015617	0.00	0.00	60.00	
Totals							0.00	0.00	673.24	-673.24
743000 Equip/Furn	n Purc	h-Small Value	2	11100 / 11000		0.00				
743100 Equ	ip Pur	chase-Sm Val	/Non Ir	ıv						
11/29/17	Vchr	05322684	1	HFMG Equipment for Labs	COULTERVEN	231224	0.00	0.00	154.19	
-	-	ch-Small Val	ue-Inv							
05/01/18	Vchr	05328825	1	HFMG lab fee	BROWERTIMI	233355	0.00	0.00	2,471.00	
Totals							0.00	0.00	2,625.19	-2,625.19
Operating Supplies	, C. 17	oongog mots?			,750.00		0.00	0.00	10 271 02	2 270 07
Operating supplies	ο α EX]	Penses TOTAL		12	, , , , , , , , , , , , , , , , , , , ,	0.00	0.00	0.00	10,371.03	2,378.97

Version#: 5.34

Fund Code:

10600

Other General

Budget Manager	: Poudevigne	e,Melanie	Budget	Ref:	2018		From Fiscal Year:	2018	To Fiscal Year:	2018
Department:	0610420	HFMG Fees	All Fig	cal Periods:	No		Acct Period From:	1 (JUL2017)	Acct Period To:	12 (JUN2018)
Fund Code:	10600	Other General								
			Program/	APPRO	)P	ORG				
Account Jrnl/	Tran		<u>Class</u>	Budge	ted	Budgeted	Pre-Encum	Encumbrance	Expended	Remaining
Da	te <u>Type</u>	DocumentID Line	<u>Description</u>		Vendor	Check	<u> </u>			
Totals for De	pt/Fund/Pro	gram/Class:								
	061042	20 / 10600	11100 / 11000	12,750	00	0.00	0.00	0.00	10,371.03	2,378.97
	001042	20 / 10600	11100 / 11000	12,750	.00	0.00		0.00	10,371.03	2,376.97
Totals for De	pt/Fund:									
	061042	20 / 10600		12,750	.00	0.00	0.00	0.00	10,371.03	2,378.97

Version#: 5.34

HFMG Lab Su	pplies Expense	F18	
Date	Vendor	Description	Total Verification
11/29/2017	American Red Cross	CPR Cards	\$1,242.00 V
9/6/2017	Medco	Bands	\$229.34 V
9/6/2017	Amazon	Lacrosse Balls, Stretching sticks, Spiky balls	\$81.87 V
9/28/2017	Amazon	Bosu Balls- CORRECTED ITEMS	\$249.99 V
9/28/2017	Amazon	Bosu Balls	\$136.14 V
9/28/2017	Rogue Fitness	RTRX Rip Trainer	\$154.19 V
10/17/2017	Rahlasa Health Services	CPR Cards	\$154.00 V
11/2/2017 A	mazon	Yoga Blocs	9.99 V
11/2/2017	ACSM	Certification	\$60.00 V
11/15/2017	MedShop	Mobile Sphygnanometer	\$221.26 V
11/15/2017	Medplus	Portable Sphygnanometers	\$50.40 V
11/15/2017	Polar	Polar Straps	\$19.07 V
11/15/2017	Masimo	Pulse Oximetry	\$388.00 V
12/1/2017	Ralhalsa Health Services	CPR Cards	\$140.00 V
12/1/2017	American Red Cross	CPR Cards	\$540.00 V
12/7/2017	Discount Office inc.	alcohol wipes	\$38.39 V
1/24/2018	Whole Sale Point	Thermal Paper rolls	\$39.84 V
1/24/2018	MC10	Electrodes	\$90.00 V
1/24/2018	Staples	Paper Ram and cartridges	\$348.99 V
1/24/2018	Staples	Paper Ram and cartridges	\$200.46 V
1/24/2018	Staples	Paper Ram and cartridges	\$26.77 V
10/23/2017	Mercer Student Liability	Student liability	\$585.00 V
3/12/2018	Brower Timing System	TCI timing system	\$2,471.00 V
3/20/2018	American Red Cross	CPR Cards	\$644.00 V
4/1/2018	Ralhalsa Health Services	CPR Cards	\$315.00 V
5/2/2018	American Red Cross	CPR Cards	\$588.00 V
3/22/2018	Biopac	electrodes	\$285.00 V
3/22/2018	MC10	Electrodes	\$315.00 V
April 3 2018	Staples	Paper	\$56.52 V
April 24 2018	Amazon	batteries	\$6.70 V
April 25 2018	Clayton State	CPR shields	\$25.24 V
May 3 2018	Amazon	gliding plates	\$ 44.99 V
May 3 2018	Amazon	bands	\$71.91 V
May 3 2018	Amazon	medicine balls	\$121.97 V
		Actuals 2018	\$9,951.03
		Revenue 2018	9629.36

Loss 2018

American Red Cross

lune 30 2018

-\$321.67

**CPR Cards** 

\$420.00 Missing

### Review Form

### Signature Page

Prepared By:			
Crace ntella	Grace Nteff	9/28/18	_
Signature	Printed Name	Date	_
The Chair/Associate Dean and Dean of t review of this Application Form by the S			
Chair/Associate Dean/Associate VPAA:	9/28/2018	College Dean (if applicable)	
Signature	Date	Signature	Date
By signing you are indicating that you re	eviewed the fee and	or the comments made by the adv	isory committee.
Chain of the Special Course and Academic Signature	C Fees Advisory Comi 100011	mittee:	
Signature			
President	11-26-	10	
Signature	Date		

amount	2018 Recommendations	Recommended Fee Changes	Will fee Require BOR Approval?
FNP Program fee \$1,029/One time program fee	The remaining revenue looked concerning at first. Basically during FY17 they collected \$17,493 and \$13,370 rolled over to FY18. During FY 18 they collected \$30,870 and had \$23,870 remaining. So in total there is \$37,240 remaining (or 77% of the revenue collected in two years remaining). In the application it was explained how the money is spent and explained that most of the students are part time and it will take them 4 years to complete. Most of the expenses exist in year 4. The FNP program recommended cutting the fee (and explained the expenses quite well) to \$949.60 and the committee was okay with this with one exception. The committee is worried that students who pay the fee and then drop out in the first year would not be able to recover the loss of those funds. So changing the fee to several course fees was discussed, but it was also understood this would not work well for all of the expenses since there are multiple courses that use certain items purchased using the fee. The most expensive aspect of the fee is the FHEA review that occurs in NURS 6690 course and this costs \$468.65. The committee recommended that this course include a course fee of \$469 to pay for that review which would decrease the program fee to a one figure fee of \$481. Doing this would alleviate some of the concern about students dropping out after the first year losing a lot of money and would likely make the cost of the program more accessible (spreading the expense out).	Recommend a \$469 course fee for NURS 6690 and a gas time program fee of \$481.	Yes

### Review Form

Fiscal Year Review (Ex. FY15): 18
Department/College: SON/COH
Fee Name:Family Nurse Practitioner Fee
List the course(s) or program(s) for which this fee applies:
Revenue Collected this Fiscal Year \$30,870.00
(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>	Amount
Personal Services	
511000-Faculty	
512000-PT Faculty	
513000-Summer Faculty	
521000-Prof/Admin	
522000-Staff	
523000-Grad Asst	
524000-Student Asst	
525000-Casual Labor	
551000-FICA	
552000-Retirement Systems	
553000-Group Insurance	
566000-Other Personal Services	
Travel	
641000-Employee Travel	
651000-NonEmployee Travel	
OS&E	
714000-Supplies and Materials	
715000-Repairs and Maintenance	
719000-Rents(Non Real Estate)	

### Review Form

720000-Insurance and Bonding	
727000-Other Operating Expense	
727100-Other operating Expense—	
Vchr 05322318 - Guided patient clinical Instruct	709.00
Vchr 05323139 FNP Online Pre-test	810.00
Vchr 05326463 Guided patient clinical Instruction	1,485.20
727120-Other Operating Expense- Subscriptions	
Vchr 05320376 –Annl Subs/std tracking system	4,045.00
733000-Software	
742000-Publications and Printing	
743000-Equipment(Small Value)	
744000-IT Equipment(Small Value)	
748000-Real Estate Rentals	
751000-Per Diems & Fees	
753000-Contracts	
771000-Telecommunications	
781000-Scholarships	
783000-Stipends	
Equipment	
843000-Equipment(Inventory)	
Total Expenditures	\$7,049.00
Net Operating Gain (Loss)	\$23,820.00
Subtract your total revenue from your total expenditures.	

The fee collected from Family Nurse Practitioner students is a one-time fee that covers different needed services at varying points during the program. There are two progression tracks, a full time and a part time progression. It takes five semesters for students in the full time track to complete the program and, 8 semester or 4 years maximum for students in the part time track to graduate. All 30 students admitted in the AY18 are in part time track.

### **Carryover Balance Justification:**

The difference between the revenue collected ( $$1,029 \times 30 = $30,870.60$ ) and the justifiable expenses of (\$7,049.00) leaves a balance of \$23,820.00.

The carryover balance results from variability in the part time student progression and when the fee is expensed during the program. For AY18 one student was not successful

### Review Form

and withdrew after the eligible refund date (\$1,029). Another student progressed partially and failed out of the program leaving a partial balance of (\$466.60) for a total of \$1495.60 in the revenue.

The unspent collected amount unspent is \$22,325.00

### **Summary:**

The collected unspent total of (\$23,325.00 + \$1,495.60) is \$23,820.00 same as indicated in the carryover amount.

### 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 From Acct. Period: 1 To Acct. Period: 12 Fiscal Year: 2018

Department: 0610130 FNP Program Fees Fund: 14000

Class: 41500 Dept. Sales/Svcs-Other

Project/Grant:

409000 - Other Fees 409900 Student Fees-Other

-30,870.00

Class Sub-Total

-30,870.00

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Dept Total

-30,870.00

Budget Manager: Eichelberger, Lisa Budget Ref: 2018 From Fiscal Year: 2018 To Fiscal Year: 2018

Department: 0610130 FNP Program Fees All Fiscal Periods: No Acct Period From: 1 (JUL2017) Acct Period To: 12 (JUN2018)

	Program/	APPROP Budgeted	ORG Budgeted	Pre-Encum	Encumbrance	Expended	Remaining
occount <u>Jrnl/Tran</u> <u>Date</u> <u>Type</u> <u>DocumentID</u> <u>Li</u>	Class  ine Description	<u>Vendor</u>	Check	ilo midam			
O0000 Operating Supplies & Expenses	11100 / 41500	41,160.00					
727000 Other Operating Expense	11100 / 41500		0.00				
727100 Other Operating Expense 11/16/17 Vchr 05322318	1 quiding patients-clinical inst	CLINICALSK	231042	0.00	0.00	709.20	
12/12/17 Vchr 053223139	1 FNP online Pre-test for Stud	FITZGERALD	231368	0.00	0.00	810.00	
03/06/18 Vchr 05326463	1 Guiding patients-Clinical inst	CLINICALSK	232591	0.00	0.00	1,485.20	
727120 Oth Oper Exp - Subscript	ions					4 045 00	
10/02/17 Vchr 05320376	1 Annl Subs/Std Tracking System	TYPHONGROU	230296	0.00	0.00	4,045.00	7 040 44
Totals				0.00	0.00	7,049.40	-7,049.40
Operating Supplies & Expenses Total	=	41,160.00	0.00	0.00	0.00	7,049.40	34,110.60
Totals for Dept/Fund/Program/Class: 0610130 / 14000	11100 / 41500	41,160.00	0.00	0.00	0.00	7,049.40	34,110.6
Totals for Dept/Fund:							
						7,049.40	34,110.6

# FNP Fees - Operating Supplies & Expenses Fund 14000 Dept. ID 0610130 Program 11100 Class 41500

Collected to Date

Beg. Balance \$30,870.00

Balance	\$26,825.00	26,115.80	25,305.80	23,820.60												·	
Payment Method	Check Request	Check Request	Check Request	Check Request													
Acct. Charged	727120	727100	727100	727100													
Cost	4,045.00	\$709.20	\$810.00	\$1,485.20													
Item/Description	Student Documentation System	Live auiding modest for clinical instruction	Pretest for FNP Certification Review	Live guiding modesl for clinical instruction													
Vendor	Typhon Group	Clinical Skills USA	Fitzgerald	Clinical Skills USA													
Date	α	- 1	1.	03/06/18													

### Explanation of budget activity report expenditures for FY18

### 1. Guiding Patients Clinical Instruction

As itemized in the spreadsheet a total of 22 students in FY 18 participated in the Guiding Patients Clinical Instruction provided by Clinical Skills USA (CSUSA). Clinical Skills USA practice lab is one of four services in the FNP program fees. The cost is \$300 dollars/student collected when accepted to the program for the duration of the program. The assessments performed on real humans provide realistic patient/student clinical experiences which increase student confidence in performing the skill. The assessment skills provided by CSUSA were as follows, performing gynecological/testicular/prostate/and clinical breast exams on real humans. The students have access to the website to review the skills for two years.

### 2. FNP Online Fitzgerald Pre-test Fall 2017: Total--\$810.00

The Fitzgerald Health Education Associates (FHEA) provides an FNP certification review course for students in the last clinical course NURS 6690 based on the number of students registered in the course. Students are charged a fee of \$468.65 for the pre-test, the review course, weekly quizzes, a post test, and an exit exam. The pre-test is administered a semester prior to when the review begins. The 18 students in NURS 6680 were assessed the pre-test fee by FHEA at \$45/student for a total of \$810. These students were not in the part time progression for FY18. The pre-test when analyzed provides strengths and weaknesses in course content so students can create study plans to increase content knowledge.

3. Annual subscription to the standardized student tracking system-Typhon @ \$105/student. Typhon is a documentation and tracking system for FNP students and faculty. It allows students to upload compliance documents, maintains all clinical hours completed by each student, stores documents of all patients managed by students during clinical and, faculty evaluation of students and clinical site documents. It also tracks all student clinical hours for the duration of the program. Typhon keeps up with all the clinical paper work needed for accreditation.

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.

September 22<sup>nd</sup>, 2018

Dear Fees Committee,

We would like to explain the large unspent amount in the FY18 budget. The fee collected from Family Nurse Practitioner students is a one-time fee that covers different needed services at varying points during the program. There are two progression tracks in the Family Nurse Practitioner program, a full time and a part time progression track. It takes five semesters for students in the full time track to complete the program and, 8 semester or 4 years maximum for students in the part time track to graduate. All 30 students admitted in the AY18 switched to the part time track.

The FNP fee covers four services, clinical/lab fee, Clinical skills USA, Typhon and Fitzgerald Health Education Associates (FHEA)

Clinical/lab fee--The program offers four courses with a clinical component: NURS 6630, NURS 6650, NURS 6680 and NURS 6690. Students are charged \$50 dollars per course for supplies and maintenance of equipment and simulation mannequins. For 30 the students admitted in AY 18, the total collected for equipment and simulation maintenance was \$1,500.00. It takes four semesters (2 years) for a student in the part time track to progress to a clinical course. Students in this cohort will be in the first clinical course in Spring of 2019. Therefore, the cost of \$1,500.00 for all 30 students remained in the FNP account.

Clinical Skills USA (CSUSA) is the first item expensed in the four services. CSUSA bring human models to the campus when students are enrolled in NURS 6620—Advanced Health Assessment. Students learn realistic and advanced patient assessment skills on humans versus on mannequins. The cost per student is \$300. For FY 18, 26 students out of the 30 admitted have used this service in NURS 6620 so, 4 students had not expensed the total fee of \$1029.00. So, (\$1,029 x 4 = \$4,116.0) \$4,116.00 remains in the FNP fee account.

Students were also charged \$105 dollars for Typhon, a documentation system that allows students to upload compliance documents for clinical sites, maintains all clinical hours completed by each student, documents on patients seen and managed by students and allows the FNP faculty to evaluate student clinical performance and the practice site. It takes 4 to 5 semesters for part time students to be enrolled in NURS 6630, the first clinical course in the FNP program. The AY18 students will be enrolled in 6630 in Spring 19. Therefore, ( $$105 \times 30 = $3,150$ ) remains in the FNP account

The Fitzgerald certification review course is offered to students in the last clinical course in NURS 6690. Review courses are highly recommended by many nurse practitioner programs to increase the chances of student success on the certification exam. If the pass rate on the certification exam does not meet minimum standards, the FNP program is less likely to be re-accredited through nursing's professional accreditation body. The cost for the review per student is \$468.65. None of the students admitted in FY 18 are at

a point in the program to take the review course. The revenue collected ( $$468.65 \times 30 = $14,059.50$ ), \$14,059.50 remains in the FNP account.

### **Carryover Balance Justification:**

The difference between the revenue collected ( $$1,029 \times 30 = $30,870.60$ ) and the justifiable expenses of (\$7,049.00) leaves a balance of \$23,820.00.

The carryover balance results from variability in the part time student progression and when the fee is expensed during the program. For AY18 one student was not successful and withdrew after the eligible refund date (\$1,029). Another student progressed partially and failed out of the program leaving a partial balance of (\$466.60) for a total of \$1495.60 in the revenue.

The unspent collected amount unspent is \$22,325.00

### **Summary:**

The collected unspent total of (\$23,325.00 + \$1,495.60) is \$23,820.00 same as indicated in the carryover amount.

Grace Nteff.

### Review Form

### Signature Page

Prepared By:	-		2
Vaceril Baker	VALER	IE BAKUR	9.26 18
Signature	Printed Nam		Date
The Chair/Associate Dean and Dean of the review of this Application Form by the Spechaling Associate Dean/Associate VPAA:	cial Course and	Academic Fees Advisory Committee.  College Dean (if applicable)  Signature	ř.
Signature  By signing you are indicating that you review			
Chair of the Special Course and Academic Fe Signature  Provost Signature  President	Date Date	Committee:  Committee Review Comments and Record The revenue was \$3,486 and the expenses \$3,817 (109% of the revenue). In the narrothat they used the budget estimate amoun as their guideline on how much revenue the adjusted after the fee was reduced from \$3 estimate should be reduced based on the should always use the revenue report as a estimate). A couple of the items (signage explanation on how they relate to legitimate The committee recommends that the depayment of the should always use the revenue report as a sestimate). A couple of the items (signage explanation on how they relate to legitimate) the committee recommends that the depayment of the should be recommended to the should be recommended t	ative the budget manager indicates t made by the budget office (\$8,500) hey had. The estimate was not 15 to \$15. In the future the revenue reduced fee rate, and the departmen guide in spending (not the revenue and wall repair) could use further the expenses for student learning.
Figurature	)1-26-19	Does not require BOR approval. \$15/course for FY20	

The revenue was \$3,486.50 and the expenses were \$7,303.13, which left a net operating loss (deficit) of \$3,816.63 in FY18.

Although fees were reduced for FY18 from \$35.00 to \$15.00 per student, the FY18 Dental Hygiene Lab Fee reduction was not adjusted in the budget to reflect the reduced fee.

Expenses were, therefore, allocated to this budget based on the FY17 Lab Fee of \$35.00 instead of the current, reduced Lab Fee of \$15.00; thus, affecting appropriate allocations to this account.

The FY19 budget will need to reflect the appropriate adjustment based on a \$15.00 Lab Fee for each Dental Hygiene student.

# Clayton State University Special Course and Academic Program Fee Form Fiscal Year 2018

Name of Fee:

Dental Hygiene Lab Fee

Fee Type:

Special Course Lab Fee

Office Responsible for Fee:

Department of Dental Hygiene

Amount of Fee:

\$15.00/Lab Course

Basis (per term, one time, etc.):

Per semester

### Purpose and use of the fee (explain benefit to student or education):

The purpose of the fee is to purchase or repair special lab equipment, purchase supplies that support teaching and learning in the laboratory, as well as community outreach and trips that enhance continuous learning and professional development.

Revenue in FY18:

\$\_3,486.50

**Expenditures in FY18:** 

\$ 7,303.13

Surplus/(Deficit) amount

\$ (3,816.63)

### Point of Contact for questions:

Name: Susan Duley

Phone: x4911

E-mail: Susanduley@clayton.edu

For more information on how this fee is used and related financial data, please go to: Annual review of Fee Usage.

Form Submitted By:

Date:

1

VP/Dean/Director

Date:

### Review Form

Fiscal Year Review (Ex. FY15): FY18	
Department/College:	
Fee Name:	
List the course(s) or program(s) for which this fee applies:	
3100C	
3120L	
4300C	
3300A	
3300B	
3200C	
4400C	
3230L	

Revenue Collected this Fiscal Year <u>\$3,486.50</u> (obtain this from the revenue summary report you attach)

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

Expenditures	Amount
Personal Services	
511000-Faculty	
512000-PT Faculty	
513000-Summer Faculty	
521000-Prof/Admin	
522000-Staff	
523000-Grad Asst	
524000-Student Asst	
525000-Casual Labor	
551000-FICA	
552000-Retirement Systems	
553000-Group Insurance	
566000-Other Personal Services	
Travel	

### Review Form

641000-Employee Travel	
651000-NonEmployee Travel	
OS&E	
714000-Supplies and Materials	5,649.32
715000-Repairs and Maintenance	828.81
719000-Rents(Non Real Estate)	
720000-Insurance and Bonding	825.00
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	
Equipment	
843000-Equipment(Inventory)	
Total Expenditures	7,303.13
Net Operating Gain (Loss) Subtract your total revenue from your total expenditures.	(3,816.63)

### 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: 2018 From Acct. Period: 1 To Acct. Period: 12

Fund: 10600 Department: 0610310 Dental Hygiene Lab Fees

Class: 11000 General Operations Project/Grant:

409000 - Other Fees 409943 Health Science Lab Fee -3,486.50

Class Sub-Total -3,486.50 -3,486.50

Dept Total -3,486.50

Budget Mana Department: Fund Code:	Budget Manager: Duley, Susan Department: 0610310 Fund Code: 10600	Susan 10 Dental Hygiene Lab Fees Other General	ne Lab Fees 1	Budget Ref: All Fiscal Periods:	2018 No	F	From Fiscal Year: Acct Period From:	2018 1 (JUL2017)	To Fiscal Year: Acct Period To:	2018 12 (JUN2018)
Account	Jrnl/Tran Date	Type DocumentID Li	Program/ Class Line Description		APPROP Budgeted Vendor	ORG Budgeted Check	Pre-Encum	Encumbrance	Expended	Remaining
700000		Operating Supplies & Expenses	11100 / 11000	11000	8,500.00					
714000	Supplies and Materials 714100 Supplies and Mat	Supplies and Materials 714100 Supplies and Materials	11100 / 11000	11000		00.00				
	03/26/18 Vo	Vchr 05327345	1 Allwipe Inst	Allwipe Instr Clnr/AquaFoam	TEAMTECHNO	000748	0.00	0.00	733.48	
	03/26/18 Vc		1 Allwipe Inst	Allwipe Instr Clnr/AquaFoam	TEAMTECHNO	000748	00.00	00.00	447.54	
		Voll USSZBIBS	1 Supplies for	Supplies for Dental Lab	DADEPA-CAT	000841	0.00	0.00	665.50	
				Douttain taps for Students Lab Supplies-DHGY Studenst/Pat	DENSPLYSIR	233153	00.0	00.0	22.48	
		Vchr 05328289		les-Dental Clinic	QUILLCOR	233171	0.00	00.00	63.98	
				Supplies-Dental Clinic	QUILLCOR	233171	00.00	00.00	490.97	
	-0	05328654		Window panel w/ wall rail	ASI	233249	0.00	00.00	88.13	
	04/24/18 Uchr	Wiles & Matl Exp - Other Vohr 05328633	ler   Pmklome for tak Conto	+ + + + + + + + + + + + + + + + + + +	THOROGENT	010000	c	6		
				Ader 511 Chair SN-COSCO	ATTANTADEN	2332/9	0.00	0.00	145.50	
				air elec on/off s	ATLANTADEN	233254	00.0	00.0	210.00	
	04/25/18 Vc	Vchr 05328649	1 Adec 511 chair SN-C022		ATLANTADEN	233254	00.00	0.00	447.00	
					ATLANTADEN	233254	00.00	00.00	295.00	
			dental	40	ATLANTADEN	233314	0.00	00.00	131,25	
				clinic & lab	ATLANTADEN	233314	0.00	00.00	121.04	
				clinic &	ATLANTADEN	233314	0.00	0.00	58.36	
				clinic & lab	ATLANTADEN	233314	00.00	00.00	467.02	
				clinic &	ATLANTADEN	233314	00.00	00.00	36.04	
				clinic &	ATLANTADEN	233314	0.00	00.00	181.93	
				clinic &	ATLANTADEN	233314	00.00	00.00	94.79	
				clinic & lab	ATLANTADEN	233314	0.00	00.00	33.56	
		Vchr 05328/98	I dental hygiene	ne clinic & lab su	ATLANTADEN	233314	00.00	00.00	36,18	
	Totals						00.00	0.00	5,649.32	-5,649.32
715000	Repairs And Maintenance	Repairs And Maintenance	11100 / 11000	11000		00				
	04/16/18 Vc	Vchr 05328165	1 Lettering/DHYG Clinic	YG Clinic & Lab	CLAYTONSIG	233103	00.00	00.00	828.81	
	Totals						00.00	0.00	828.81	-828.81
720000	720000 Insurance And Bonding 720100 Insurance And B	Insurance And Bonding 720100 Insurance And Bonding	11100 / 11000	11000		0.00				
	10/20/17 REQ	0 0000501829	1 Mercer Profe	Mercer Professional Student Liability	lity		825.00	0.00	0 0	
					7			2 2 4 2		

Report ID: BORRG045 Date: 09/27/2018 @ 17:12:31 DB=FPROD

Version#: 5.34

Page: 1

BUDGET ACTIVITY REPORT - Detail Clayton State University

Budget Manager: Duley, Susan Department: 0610310 Fund Code: 10600	ger: Duley 06103 10600	Duley,Susa 0610310 10600	an Dental Hygiene Lab Fees Other General	iene I	ab Fees	Budget Ref: All Fiscal Periods:		2018 No		From Fiscal Year: Acct Period From:	2018 1 (JUL2017)	To Fiscal Year: Acct Period To:	2018 12 (JUNZG18)
Account Jrnl/Tran	nl/Tran Date	Type	DocumentID	Line	Program/ Class Description		APPROP Budgeted Vendor		ORG Budgeted Check	Pre-Encum	Encumbrance	Expended	Remaining
10,10,10,10,10,10,10,10,10,10,10,10,10,1	10/20/17 10/20/17 10/23/17 10/23/17 <b>Totals</b>	PO PO Vchr	0000512553 0000512553 05321185 05321185	лппп	Pre-Enc Liquidation: Mercer Professional S Enc Liquidation: 000 Mercer Professional S	Pre-Enc Liquidation: 0000501829/1 Mercer Professional Student Liability Enc Liquidation: 0000512553/1 Mercer Professional Student Li		MERCERHEAL MERCERHEAL MERCERHEAL MERCERHEAL	230613	-825.00 0.00 0.00 0.00	825.00 -825.00 0.00	0.00 0.00 0.00 825.00	-825.00
Operating (	Supplie	s & Exp	Operating Supplies & Expenses Total				8,500.00		0.00	00.00	0.00	7,303.13	1,196.87
Totals for	Dept/Fi	061031	Totals for Dept/Fund/Program/Class: 0610310 / 10600		11100 / 11000	0001	8,500.00		00.00	00.00	0.00	7,303.13	1,196.87
Totals for Dept/Fund: 063	Dept/F	und: 061031	<u>nd:</u> 0610310 / 10600				8,500.00		0.00	0.00	0.00	7,303.13	1,196.87

Beg. Balance \$3,486.50

Dental Hygiene Lab Fees

714100 - Supplies & Materials 715102 - Maintenance Contracts

727109 - Freight In 727111 - Freight Out

Management of the last					Acct.		
Date	Vendor	Item/Description	Cost		Charged	Payment Method	Balance
		BEGINNING BALANCE					\$3,486.50
03/14/18	3 AllPro	All-wipe Instrument Cleaner, Aqua Foam for Lab	\$ 73	733.48	714100	Check	\$2,753.02
03/14/18	3 All-Pro	All-wipe Instrument Cleaner, Aqua Foam for Lab	\$ 4	447.54	714100	Check	\$2,305.48
04/06/18	3 Dade Paper	Paper Towels	\$ 66	665.50	714100	Check	\$1,639.98
04/06/18	Smart Practice	Latex Caps for Students	\$	22.48	714100	Check	\$1,617.50
04/05/18		Oraquix, Dappen Dishes, Nupro Gel , Powder Bowls	\$	689.57	714100	Check	\$927.93
04/08/18	Quill	File Boxes (ltr/lgl)	69	63.98	714100	Check	\$863.95
04/08/18	Quill	Labels/Film	\$ 4	490.97	714100	Check	\$372.98
04/06/18	ASI Signage Innovations	Window Panel with Wall Rail for Lab	69	88.13	714100	Check	\$3,486.50
04/06/18	Image Builders	Emblems for Lab Coats	8	145.50	714120	Check	\$3,341.00
04/10/18	3 Atlanta Dental	ADEC 511 Swivel Chair/Bolt	\$	181.00	714120	Check	\$3,160.00
04/10/18	3 Atlanta Dental	Ordered/Replaced air electric on/off switch - Chair #2	\$ 2	219.00	714120	Check	\$2,941.00
04/10/18	3 Atlanta Dental	ADEC 511 Swivel Chair - Continued Service	\$	447.00	714120	Check	\$2,494.00
04/10/18	Atlanta Dental	Function Test ADEC 511	\$	295.00	714120	Check	\$2,199.00
04/10/18	1	Disposable Lab Coats	\$	131.25	714120	Check	\$2,067.75
04/10/18	3 Atlanta Dental	Water Hose Assy w/Filter	\$ 1	121.04	714120	Check	\$1,946.71
04/10/18	3 Atlanta Dental	Biological Spill Kit	S	58.36	714120	Check	\$1,888.35
04/10/18	3 Atlanta Dental	Hygraulic Fluid Pint Bottle/PC Board	\$ 4	467.02	714120	Check	\$1,421.33
04/10/18	3 Atlanta Dental	Preppies Unite Dose - Paste 20 Cups	S	36.04	714120	Check	\$1,385.29
04/10/18	04/10/18 Atanta Dental	Probes & Syringes/Jet Fresh Sodium Free Powder	S	181.93	714120	Check	\$1,203.36
04/10/18	3 Atlanta Dental	Disposable Lab Coats (Various Sizes)	S	94.79	714120	Check	\$1,108.57
04/10/18	3 Atlanta Dental	Large Flexible Mixing Bowls	S	33.56	714120	Check	\$1,075.01
04/10/18	Atlanta Dental	Air Electric SW Power Pack	69	36.18	714120	Check	\$1,038.83

04/06/18	Clayton Signs, Inc.	Lettering for DHYG Clinic and Laboratory	\$ 828.81 71	714100	Check	\$210.02
10/20/17	Mercer Health Insurance	Professional Student Liability Insurance	\$ 825.00	0 720100	PO	(\$614.98)
		Total Expended to Date	\$7,303.13			

Surplus/Deficit (\$3,816.63)

### Review Form

### Signature Page .

Sirette 7	est	Victoria Foste	F	9/28/18	
Signature		Printed Name		Date	
he Chair/Assoc eview of this A	late Dean and Dean of the oplication Form by the Spe	College request	ing this fee must sign the sig Academic Fees Advisory Cor	gnature page prior to nmittee.	
hair/Associate	Dean/Associate VPAA:		College Dean (if applicable	9/2 1	/ / B
ignature	,	Date	Lisa Eichelber Signature	Gu Bale	
y signing you a	re Indicating that you revi	ewed the fee and	d/or the comments made by	the advisory commit	tee.
hair of the Spec hall of the Spec ignature	ial Course <b>and</b> Academic Fi	Date	mittee:		
rovost dans gnature		1//2///8			
resident /	Mm	11-26 Date	-19		
	mittee comments and reco	ommendations		Does it req	ulre BOR appro
NURS 3202 Lab Fee \$35/course	balance of \$9.64 (1% of reven the fees this year. The commi- the "office supplies" purchases provide a lot more detail about and should be included in the salso paying the nursing progra- was uncertain. On the form H 3202 and that should be correc- confusion by the committee. In the requirement to purchase of FY20. Appeal: An appeal was submit supplies and toner that is used course. It was also explained to	ue). The budget mai tee would recomment of for the lab from Struckers what was purchased future. It is not clear for the sum of the sum of the sum of the sum LTH 3202 is listed, I ted on the form in the committee recon- fice supplies using the sum of the ted explaining that the directly by the stude that students who tak	I. The narrative was missing if students paying this fee are was no narrative the committee but this is actually for NURS are future as it caused a lot of mended an appeal addressing his fee prior to our approval for the office supplies include paper,	No changes recommended	No

Prepared By:

### Review Form

Fiscal Year Review (Ex. FY15): FY18	
Department/College: School of Nursing (Undergraduate)	
Fee Name: HLTH 3202 Course Fee	
List the course(s) or program(s) for which this fee applies:	
HLTH 3202	
Revenue Collected this Fiscal Year 945.00	

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

	<b>G</b> =1
<u>Expenditures</u>	<u>Amount</u>
Personal Services	
511000-Faculty	
512000-PT Faculty	
513000-Summer Faculty	
521000-Prof/Admin	
522000-Staff	
523000-Grad Asst	
524000-Student Asst	
525000-Casual Labor	
551000-FICA	
552000-Retirement Systems	
553000-Group Insurance	
566000-Other Personal Services	
Travel	
641000-Employee Travel	
651000-NonEmployee Travel	
OS&E	
714000-Supplies and Materials	935.36
715000-Repairs and Maintenance	
717000 – Utilities	
719000-Rents(Non Real Estate)	

(obtain this from the revenue summary report you attach)

### 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	
Equipment	
843000-Equipment(Inventory)	
Total Expenditures	
Net Operating Gain (Loss)	9.64
Subtract your total revenue from your total expenditures.	

### 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: 2018 From Acct. Period: 1 To Acct. Period: 12

Fund: 10600 Department: 0610270 RN-BSN Course Fees

<u>Class:</u> 11000 General Operations Project/Grant:

409000 - Other Fees 409943 Health Science Lab Fee -945.00

Class Sub-Total -945.00

Dept Total -945.00

Report ID: BORRG025 Date: 10/03/2018 @ 09:20:24 Version#: 4.40 Page: 1

Budget Manager: Eichelberger, Lisa Budget Ref: 2018 From Fiscal Year: 2018 To Fiscal Year: 2018 Department: 0610270 RN-BSN Course Fees All Fiscal Periods: No Acct Period From: 1 (JUL2017) Acct Period To: 12 (JUN2018) Fund Code: 10600 Other General Program/ APPROP ORG Account Jrnl/Tran Class Budgeted Budgeted Pre-Encum Encumbrance Expended Remaining Date Type DocumentID Line Description Vendor Check 1,500.00 Q4S.00 700000 Operating Supplies & Expenses 11100 / 11000 714000 Supplies and Materials 11100 / 11000 0.00 714100 Supplies and Materials 06/21/18 PO 0000513666 1 Chester Chest with/Advanced Arm for D POCKETNURS 0.00 425.00 0.00 06/25/18 PO 0000513682 1 Various office supplies for Dept of N STAPLESCON 0.00 510.36 0.00 Totals 0.00 935.36 0.00 -935.36 Operating Supplies & Expenses Total 0.00 0.00 935.36 0.00 Totals for Dept/Fund/Program/Class: 0610270 / 10600 11100 / 11000 1,500.00 Totals for Dept/Fund: 0610270 / 10600 0.00 0.00

Version#: 5.34

## HLTH 3202 - Operating Supplies & Expenses Fund 10600 Dept. ID 0610270 Program 11100 Class 11000

Collected to Date

Beg. Balance \$945.00

05/30/18	Pocket Nurse	Simulator model for skill assessment	\$425.00	PO	520.0
5/30/2018	Staples	Supplies for lab and simulation, clinical assessment of RN-BSN students	\$510.36		9.6
			-		
			5:		
				2	
				2	
				7	

### Review Form

### Signature Page

Preparea ву:			
Vista Fact	Victoria Foste		9/28/18
Signature	Printed Name		Date
The Chair/Associate Dean and Dean of t review of this Application Form by the S	he College request pecial Course and	ing this fee must sign the Academic Fees Advisory C	signature page prior to ommittee.
Chair/Associate Dean/Associate VPAA;	9/28/2018	College Dean (if applicat	ble)
Signature /	Date	Signature	Date
By signing you are indicating that you re	viewed the fee and	d/or the comments made	by the advisory committee.
Chair of the Special Course and Academic Signature  Provost Signature	Date  Date	amittee:	
President	1211 - 7	29-18	

Fee Name/FY18 amount	2018 Recommendations	Recommended Fee Changes	Will fee Require BOR Approval?
Nursing Program fee \$283.00/ semester	The numbers written on the report were not entirely accurate so the committee ran the report to get a better picture. The revenue was \$114,615 and the expenses that cleared Peoplesoft were roughly \$84,615 and around \$30,000 remaining encumbered in <u>Reoplesoft</u> (for lab equipment). The committee urges the department to follow up on those encumbered funds since they represent 26% of the revenue.	No changes recommended.	Yes



### Review Form

Fiscal Year Review (Ex. FY15): FY18	
Department/College: School of Nursing (Undergraduate)	
Fee Name: Program Fee	
List the course(s) or program(s) for which this fee applies:	
Undergraduate Nursing	
Revenue Collected this Fiscal Year 114,615.00	

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

<u>Expenditures</u>	Amount
Personal Services	
511000-Faculty	
512000-PT Faculty	
513000-Summer Faculty	
521000-Prof/Admin	
522000-Staff	
523000-Grad Asst	
524000-Student Asst	
525000-Casual Labor	
551000-FICA	
552000-Retirement Systems	
553000-Group Insurance	
566000-Other Personal Services	
Travel	
641000-Employee Travel	
651000-NonEmployee Travel	
OS&E	
714000-Supplies and Materials	48,443.88
715000-Repairs and Maintenance	6,995.00
717000 – Utilities	137.50

(obtain this from the revenue summary report you attach)

### Review Form

719000-Rents(Non Real Estate)	
720000-Insurance and Bonding	2,955.00
727000-Other Operating Expense	.71
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	48,803.50
771000-Telecommunications	
781000-Scholarships	
783000-Stipends	
Equipment	
843000-Equipment(Inventory)	3,759.58
Total Expenditures	111,095.17
Net Operating Gain (Loss)	3,519.83
Subtract your total revenue from your total expenditures.	

### 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.

Date: 9/28/18

To: Special Fee Committee

From: School of Nursing (Undergraduate)

Subject: Nursing Program Fee

The nursing program fee had a balance of \$3,519.83.

The following two expenditures were not reflected in the activity report:

(1) \$798.00 - charged to another nursing account

(2) \$1,025.32 - not expensed due to po not issued

In addition, there was a purchase order variance where the budget reflected \$293.17; however, the actual expenditure was \$ 848.53

This leaves a total of \$847.98. Please see attachments and below

Balance per budget activity report	\$ 3,519.83
Expenditure not expensed	(798.00)
Expenditure not expensed	(1,025.32)
Subtotal	1,696.51
Purchase order variance	(848.53)
	847 98

Respectfully,

Victoria Foster, Director Undergraduate Nursing

Michael Scott, ≰ssociate Dean of Nursing

## REVENUE SUMMARY REPORT Clayton State University

Business Unit: 28000

From Acct. Period: 1 To Acct. Period: 12 Fiscal Year: 2018

Department: 0610210 Nursing Program Fees Fund: 10600

Class: 11000 General Operations

Project/Grant:

409000 - Other Fees 409900 Student Fees-Other

-114,615.00

Class Sub-Total

-114,615.00

Dept Total

-114,615.00

Version#: 4.40 Page: 1 Report ID: BORRG025 Date: 09/27/2018 @ 10:42:36

Budget Manager: Eichelberger, Lisa

Budget Ref:

2018

From Fiscal Year:

2018

To Fiscal Year:

Department:

Fund Code:

0610210 10600

Nursing Program Fees Other General

All Fiscal Periods:

No

Acct Period From:

1 (JUL2017)

Acct Period To:

12 (JUN2018)

2018

					Program/ AF	PROP	ORG				
ccount	<u>Jrn1/Tran</u>				<u>Class</u> <u>Bu</u>	dgeted	Budgeted	Pre-Encum	Encumbrance	Expended	D
	<u>Date</u>	Type	<u>DocumentID</u>	<u>Line</u>	Description	Vendor	Check	210	ancumpt ance	Expended	Remainin
0000	Operating	Suppl	ies & Expense	<u>s</u>	11100 / 11000 109,	800.00					
4000	Supplies a	and Ma	teriale		11100 / 11000						
			and Materials		11100 / 11000		0.00				
	01/31/18		0000532083	29	DOS DOSDO C						
	02/01/18		0000532083		BOA PCARD for JANUARY STATEMEN			0.00	0.00	378.20	
		REO	0000514318	1	Tent - for Recruitment & Events	Eichelberg	er,Li 015906	0.00	0.00	218.78	
	02/07/18	PO		1	Too tring and hosessment for			22,330.25	0.00	0.00	
	02/23/18	JE	0000512994 0000543609	1		KAPLANINC		-22,330.25	0.00	0.00	
	02/20/18	REO		21	BOA PCARD for FEBUARY'S STATEM			0.00	0.00	822.42	
		REO	0000502360	1	Skills Trainer Kits			4,930.00	0.00	0.00	
	03/12/18	PO	0000502360	2	Shipping			69.00	0.00	0.00	
	03/13/18	PO	0000513056	1	Portable Nursing Skills Trainer Kits	SIMUMEDLLC		0.00	4,930.00	0.00	
		PO	0000513056	1		SIMUMEDLLC		-4,930.00	0.00	0.00	
		JE	0000513056	2	Pre-Enc Liquidation: 0000502360/2	SIMUMEDLLC		-69.00	0.00	0.00	
		JE JE	0000553953	19	BOA PCARD for MARCH'S STATEMEN			0.00	0.00	971.12	
		JE JE	0000553953	20	BOA PCARD for MARCH'S STATEMEN			0.00	0.00	987.35	
		JE JE	0000566069	63	BOA PCARD for APRIL'S STATEMEN			0.00	0.00	477.08	
			0000566069	82	BOA PCARD for APRIL'S STATEMEN			0.00	0.00	996.47	
		REQ	0000502701	2	STRIPS TRUETEST MCK 50EA/BX 24BX/CS I	1		83.20	0.00	0.00	
		REQ	0000502701	3	CONTROL LEVEL 3 TRUETEST 24EA/CS MCK			48.80	0.00	0.00	
		REQ	0000502701	4	CONTROL LEVEL 2 TRUETEST 24EA/CS MCK			48.80	0.00	0.00	
		REQ	0000502701	5	CONTROL LEVEL 1 TRUETEST 24EA/CS MCK			48.80	0.00	0.00	
		REQ	0000502701		LANCET SFTY 28G NDL 100/BX 20BX/CS MG			305.50	0.00	0.00	
		REQ	0000502701	7	URINE TEST STRIP KETOSTIX 50/EA 24EA,	′		68.88	0.00	0.00	
		REQ	0000502701	9	DISPENSER EMESIS BAG 1/CS MEDEGEN			328.32	0.00	0.00	
		REQ	0000502708	1	Warranty - Nursing Simulator			6,995.00	0.00	0.00	
		REQ	0000502712	1	Lung Model Life Size 7 pt			486.00	0.00	0.00	
		REQ	0000502712	2	Blood Pressure Sim Dlx W/Spkr			1,229.00	0.00	0.00	
		REQ	0000502712	3	Pelvis w/Organs Female			179.92	0.00	0.00	
		REQ	0000502712		Arm IV Advanced - light			1,296.00	0.00	0.00	
		REQ	0000502712		ARM IV - Advanced - Dark			1,296.00	0.00	0.00	
		PO	0000513397		Pre-Enc Liquidation: 0000502701/2	MCKESS-CAT		-83.20	0.00	0.00	
		PO	0000513397		STRIPS TRUETEST MCK 50EA/BX 24BX/CS M	MCKESS-CAT		0.00	83.20	0.00	
		PO	0000513397	3	Pre-Enc Liquidation: 0000502701/3	MCKESS-CAT		-48.80	0.00	0.00	
		PO	0000513397	3	CONTROL LEVEL 3 TRUETEST 24EA/CS MCK	MCKESS-CAT		0.00	48.80	0.00	
			0000513397	4	Pre-Enc Liquidation: 0000502701/4	MCKESS-CAT		-48.80	0.00	0.00	
(	05/11/18	PO	0000513397	4	CONTROL LEVEL 2 TRUETEST 24EA/CS MCK	MCKESS-CAT		0.00	48.80	0.00	

Budget Manager: Eichelberger, Lisa

Budget Ref: 2018

From Fiscal Year: 2018

To Fiscal Year: 2018

Department: 0610210 Nursing Program Fees All Fiscal Periods: No Acct Period From: 1 (JUL2017) Acct Period To: 12 (JUN2018)

Fund Code: 10600 Other General

					Program/	APPROP	ORG			···········	*****
ccount	<u>Jrnl/Tran</u>				<u>Class</u>	<u>Budgeted</u>	<u>Budgeted</u>	Pre-Encum	Encumbrance	Expended	Remaining
	<u>Date</u>	<u>Type</u>	<u>DocumentID</u>	<u>Line</u>	Description	Vendor	Check				
	05/11/18	PO	0000513397	5		MCKESS-CAT		-48.80	0.00	0.00	
	05/11/18	PO	0000513397	5	CONTROL LEVEL 1 TRUETEST 24EA/CS MG	CK MCKESS-CAT		0.00	48.80	0.00	
	05/11/18	PO	0000513397	6	Pre-Enc Liquidation: 0000502701/6	MCKESS-CAT		-305.50	0.00	0.00	
	05/11/18		0000513397	6	LANCET SFTY 28G NDL 100/BX 20BX/CS			0.00	305.50	0.00	
			0000513397	7	Pre-Enc Liquidation: 0000502701/7	MCKESS-CAT		-68.88	0.00	0.00	
	05/11/18	PO	0000513397	7	URINE TEST STRIP KETOSTIX 50/EA 241	EA/ MCKESS-CAT		0.00	68.88	0.00	
	05/11/18		0000513397	9	Pre-Enc Liquidation: 0000502701/9	MCKESS-CAT		-328.32	0.00	0.00	
	05/11/18	PO	0000513397	9	DISPENSER EMESIS BAG 1/CS MEDEGEN	MCKESS-CAT		0.00	328.32	0.00	
	05/16/18	REQ	0000502748	3	Pump, B Braun Infusomat Space Infu			1,790.00	0.00	0.00	
	05/16/18	REQ	0000502748	4	Pump, Alaris 8000 POC - this is the			1,790.00	0.00	0.00	
	05/16/18	REQ	0000502748	5	Pump, Alaris (LVP) Large Volume Inf			3,180.00	0.00	0.00	
	05/16/18	REQ	0000502749	1	11 11 11 11 11 11 11 11 11 11 11 11 11			37.56	0.00	0.00	
	05/16/18	REQ	0000502749	2				261.00	0.00	0.00	
	05/16/18	REQ	0000502749	3	06-93-3005 Demo Dose Powder 200 mg			149.00	0.00	0.00	
	05/16/18	REQ	0000502749	4	06-93-2011 Demo Dose Ampule Clear 2			211.05	0.00	0.00	
	05/16/18	REQ	0000502749	5	06-93-3000 Demo Dose Heparn & Flush			27.00	0.00	0.00	
	05/16/18	REQ	0000502749	6	06-93-3115 - Demo Dose Morphin Sulf			33.90	0.00	0.00	
	05/16/18	REQ	0000502749	7	06-93-2025 Demo Dose Lispr Insuln 1			39.30	0.00	0.00	
	05/16/18	REQ	0000502749	8	06-93-2020 Demo Dose 75 25 Insuln 1			39.30	0.00	0.00	
	05/16/18	REQ	0000502749	9	06-93-2010 Demo Dose 70/30 insulin			39.30	0.00	0.00	
	05/16/18	REQ	0000502749	10	06-93-2015 Demo Dose Insulin Glargi	.n		39.30	0.00	0.00	
	05/16/18	REQ	0000502749	11	06-93-3004 Demo Dose - NPH Insulin			52.40	0.00	0.00	
	05/16/18	REQ	0000502749	12	06-93-3003 Demo Dose - Regular Insu	li		78.60	0.00	0.00	
	05/16/18	REQ	0000502749	13	09-83-1820 Sensory Stimulation Kit			679.30	0.00	0.00	
	05/16/18	REQ	0000502749	14	10-81-6109 Cather Model Set Male &	Fe		638.98	0.00	0.00	
	05/16/18	REQ	0000502749	15	06-82-5114 Huber Needle 20 G x 1"			62.30	0.00	0.00	
	05/16/18	REQ	0000502749	16	07-26-3110-10FR Closed suction cath	et		297.50	0.00	0.00	
		REQ	0000502749	17	07-71-3200 Airlife Airway Access Ad	pa		211.20	0.00	0.00	
		REQ	0000502749	18	05-41-1300 Wound Drainiage System w			135.00	0.00	0.00	
		REQ	0000502749	19	05-41-4007 Wound drainage suction r			74.60	0.00	0.00	
		REQ	0000502749	20	11-81-2240-wh Chester Chest with ad	va		718.17	0.00	0.00	
		REQ	0000502749	21	06-93-0048 Demo Dose Glucotrl 5mg			29.86	0.00	0.00	
	05/16/18	REQ	0000502749	22	06-93-0701 Demo Dose Digoxn Lanoxn			29.86	0.00	0.00	
		REQ	0000502749	23	06-93-3001 Demo Dose Heparin 1000 u			27.00	0.00	0.00	
		REQ	0000502749	24	06-54-3529 Small bore extension set	W		298.00	0.00	0.00	
	05/21/18		0000513458	1	Pre-Enc Liquidation: 0000502712/1	NASCOEDUCA		-486.00	0.00	0.00	
	05/21/18		0000513458	1	Lung Model Life Size 7 pt	NASCOEDUCA		0.00	486.00	0.00	
	05/21/18	PO	0000513458	2	Pre-Enc Liquidation: 0000502712/2	NASCOEDUCA		-1,229.00	0.00	0.00	

Report ID: BORRG045 Date: 09/27/2018 @ 10:35:22 DB=FPROD Version#: 5.34

Budget Manager: Eichelberger, Lisa

Department: 06

0610210

Nursing Program Fees

Budget Ref: All Fiscal Periods: 2018 No From Fiscal Year: Acct Period From: 2018 1 (JUL2017) To Fiscal Year: Acct Period To:

12 (JUN2018)

2018

und	Code:	10600	Other	General

					Program/	APPROP	ORG				
Account	<u>Jrnl/Tran</u>				<u>Class</u>	Budgeted	Budgeted	Pre-Encum	Encumbrance	Expended	Remaining
	<u>Date</u>	Type	<u>DocumentID</u>	<u>Line</u>	Description	Vendor	Check				T-CHILLTITING
	05/21/18	PΟ	0000513458	2	Disable December 21 Pi m/o						
	05/21/18		0000513458		Blood Pressure Sim Dlx W/Spkr	NASCOEDUCA		0.00	1,229.00	0.00	
	05/21/18			3	Pre-Enc Liquidation: 0000502712/3			-179.92	0.00	0.00	
	05/21/18		0000513458	3	Pelvis w/Organs Female	NASCOEDUCA		0.00	179.92	0.00	
	05/21/18		0000513458	4	Pre-Enc Liquidation: 0000502712/4			-1,296.00	0.00	0.00	
	05/21/18		0000513458	4	Arm IV Advanced - light	NASCOEDUCA		0.00	1,296.00	0.00	
	05/21/18		0000513458	5	Pre-Enc Liquidation: 0000502712/5			-1,296.00	0.00	0.00	
		PO	0000513458	5	ARM IV - Advanced - Dark	NASCOEDUCA		0.00	1,296.00	0.00	
	05/31/18	REQ	0000502864	1	Sani-Cloth			17.74	0.00	0.00	
	05/31/18	REQ	0000502864	2	Stay dry under pads			20.55	0.00	0.00	
	05/31/18	REQ	0000502864	3	Baby wipes unsented - 7" x 8"			3.24	0.00	0.00	
	05/31/18	REQ	0000502864	4	Procedure mask with ear lps			22.96	0.00	0.00	
	05/31/18	REQ	0000502864	5	Filter Straw			137.42	0.00	0.00	
		REQ	0000502864	6	IV Cath Insyte BC 22 guage x 1"			986.64	0.00	0.00	
	05/31/18	REQ	0000502864	7	IV Cath Insyte BC 20g x 1"			986.64	0.00	0.00	
	05/31/18	REQ	0000502864	8	Nitrazine Paper			228.32	0.00	0.00	
	05/31/18	REQ	0000502864	9	Curos Port Protector ORM			396.63	0.00	0.00	
	05/31/18	REQ	0000502864	10	IV Start Kit			952.74	0.00	0.00	
		REQ	0000502864	11	Monoject filter needle 20g x 1 1			269.36	0.00	0.00	
		REQ	0000502864	12	Monoject Filter Needle 18 g x 1 1/	2		259.12	0.00	0.00	
	05/31/18	REQ	0000502864	13	Fuel Surcharge			0.71	0.00	0.00	
	06/04/18	Vchr	05330018	1	Enc Liquidation: 0000513056/1	SIMUMEDLLC		0.00	-4,930.00	0.00	
	06/04/18	Vchr	05330018	1	Portable Nursing Skills Traine	SIMUMEDLLC	233844	0.00	0.00	4,930.00	
		Vchr	05330020	2	Variance PO & Invoice	MEDICALSHI	233983	0.00	0.00	203.48	
	06/08/18	PO	0000513635	1	Pre-Enc Liquidation: 0000502864/1	MOOREMEDIC		-17.74	0.00	0.00	
	06/08/18	PO	0000513635	1	Sani-Cloth	MOOREMEDIC		0.00	17.74	0.00	
	06/08/18	PO	0000513635	2	Pre-Enc Liquidation: 0000502864/2	MOOREMEDIC		-20.55	0.00	0.00	
	06/08/18	PO	0000513635	2	Stay dry under pads	MOOREMEDIC		0.00	20.55	0.00	
	06/08/18		0000513635	3	Pre-Enc Liquidation: 0000502864/3	MOOREMEDIC		-3.24	0.00	0.00	
	06/08/18	PO	0000513635	3	Baby wipes unsented - 7" x 8"	MOOREMEDIC		0.00	3.24	0.00	
	06/08/18	PO	0000513635	4	Pre-Enc Liquidation: 0000502864/4	MOOREMEDIC		-22.96	0.00	0.00	
	06/08/18	PO	0000513635	4	Procedure mask with ear lps	MOOREMEDIC		0.00	22.96	0.00	
	06/08/18	PO	0000513635	5	Pre-Enc Liquidation: 0000502864/5	MOOREMEDIC		-137.42	0.00	0.00	
	06/08/18	PO	0000513635	5	Filter Straw	MOOREMEDIC		0.00	137.42	0.00	
	06/08/18	PO	0000513635	6	Pre-Enc Liquidation: 0000502864/6	MOOREMEDIC		-986.64	0.00	0.00	
	06/08/18	PO	0000513635	6	IV Cath Insyte BC 22 guage x 1"	MOOREMEDIC		0.00	986.64		
	06/08/18	PO	0000513635	7	Pre-Enc Liquidation: 0000502864/7	MOOREMEDIC		-986.64	0.00	0.00	
	06/08/18	PO	0000513635	7	IV Cath Insyte BC 20g x 1"	MOOREMEDIC		0.00		0.00	
	06/08/18	PO	0000513635	8	Pre-Enc Liquidation: 0000502864/8	MOOREMEDIC		-228.32	986.64	0.00	
					1	HOOKEHEDIC		-220.32	0.00	0.00	

Budget Manager: Eichelberger, Lisa

0610210

Budget Ref:

All Fiscal Periods:

2018

From Fiscal Year:

2018

To Fiscal Year: 2018

Department: Fund Code:

10600

Nursing Program Fees Other General

No

Acct Period From:

1 (JUL2017)

Acct Period To:

12 (JUN2018)

_					Program/	PPROP	ORG				
Account	Jrn1/Tran					udgeted	Budgeted	Pre-Encum	Encumbrance	Expended	Remaining
	<u>Date</u>	<u>Type</u>	<u>DocumentID</u>	<u>Line</u>	Description	Vendor	Check				
	06/08/18	PO	0000513635	8	Nitrazine Paper	MOOREMEDIC		0.00	000 00		
	06/08/18	PO	0000513635	9	Pre-Enc Liquidation: 0000502864/9	MOOREMEDIC		0.00	228.32	0.00	
	06/08/18	PO	0000513635	9	Curos Port Protector ORM	MOOREMEDIC		-396.63	0.00	0.00	
	06/08/18	PO	0000513635	10	Pre-Enc Liquidation: 0000502864/10			0.00 -952.74	396.63	0.00	
	06/08/18	PO	0000513635	10	IV Start Kit	MOOREMEDIC			0.00	0.00	
	06/08/18	PO	0000513635	11	Pre-Enc Liquidation: 0000502864/13			0.00	952.74	0.00	
	06/08/18	PO	0000513635	11	Monoject filter needle 20g x 1 1,			-269.36	0.00	0.00	
	06/08/18	PO	0000513635	12	Pre-Enc Liquidation: 0000502864/12			0.00	269.36	0.00	
	06/08/18	PO	0000513635	12	Monoject Filter Needle 18 g x 1 1/2			-259.12	0.00	0.00	
	06/08/18	PO	0000513635	13	Pre-Enc Liquidation: 0000502864/13	MOOREMEDIC		0.00	259.12	0.00	
	06/08/18	PO	0000513637	1	Pre-Enc Liquidation: 0000502749/1	POCKETNURS		-0.71	0.00	0.00	
	06/08/18	PO	0000513637	1	06-93-2009 OR,MD Demo Dose Aero Inh	FOCKETNOKS		-37.56	0.00	0.00	
	06/08/18	PO	0000513637	2	Pre-Enc Liquidation: 0000502749/2	al POCKETNURS POCKETNURS		0.00	37.56	0.00	
	06/08/18	PO	0000513637		06-93-2100 - Demo Dose SoluMEDRL Me			-261.00	0.00	0.00	
	06/08/18	PO	0000513637	3	Pre-Enc Liquidation: 0000502749/3	POCKETNURS		0.00	261.00	0.00	
	06/08/18	PO	0000513637	3	06-93-3005 Demo Dose Powder 200 mg			-149.00	0.00	0.00	
	06/08/18	PO	0000513637	4	Pre-Enc Liquidation: 0000502749/4			0.00	149.00	0.00	
	06/08/18		0000513637	4	06-93-2011 Demo Dose Ampule Clear 2	POCKETNURS		-211.05	0.00	0.00	
	06/08/18		0000513637	5	Pre-Enc Liquidation: 0000502749/5			0.00	211.05	0.00	
	06/08/18		0000513637	5	06-93-3000 Demo Dose Heparn & Flush	POCKETNURS		-27.00	0.00	0.00	
	06/08/18		0000513637	6	Pre-Enc Liquidation: 0000502749/6			0.00	27.00	0.00	
	06/08/18		0000513637	6	06-93-3115 - Demo Dose Morphin Sulf	POCKETNURS		-33.90	0.00	0.00	
	06/08/18	PO	0000513637	7	Pre-Enc Liquidation: 0000502749/7			0.00	33.90	0.00	
	06/08/18		0000513637	7	06-93-2025 Demo Dose Lispr Insuln 1	POCKETNURS		-39.30	0.00	0.00	
	06/08/18		0000513637	8	Pre-Enc Liquidation: 0000502749/8			0.00	39.30	0.00	
	06/08/18		0000513637	8	06-93-2020 Demo Dose 75 25 Insuln 1	POCKETNURS		-39.30	0.00	0.00	
	06/08/18		0000513637	9	Pre-Enc Liquidation: 0000502749/9			0.00	39.30	0.00	
		PO	0000513637	۵	06-93-2010 Demo Dose 70/30 insulin	POCKETNURS		-39.30	0.00	0.00	
	06/08/18		0000513637	10				0.00	39.30	0.00	
	06/08/18		0000513637	10	Pre-Enc Liquidation: 0000502749/10	POCKETNURS		-39.30	0.00	0.00	
	06/08/18		0000513637	11	06-93-2015 Demo Dose Insulin Glargi			0.00	39.30	0.00	
			0000513637		Pre-Enc Liquidation: 0000502749/11	POCKETNURS		-52.40	0.00	0.00	
	06/08/18		0000513637	11	06-93-3004 Demo Dose - NPH Insulin	POCKETNURS		0.00	52.40	0.00	
	06/08/18		0000513637	12	Pre-Enc Liquidation: 0000502749/12	POCKETNURS		-78.60	0.00	0.00	
	06/08/18		0000513637	12	06-93-3003 Demo Dose - Regular Insu			0.00	78.60	0.00	
	06/08/18			13	Pre-Enc Liquidation: 0000502749/13	POCKETNURS		-679.30	0.00	0.00	
	06/08/18		0000513637		09-83-1820 Sensory Stimulation Kit	POCKETNURS		0.00	679.30	0.00	
			0000513637	14	Pre-Enc Liquidation: 0000502749/14	POCKETNURS		-638.98	0.00	0.00	
,	06/08/18	PU	0000513637	14	10-81-6109 Cather Model Set Male &	e POCKETNURS		0.00	638.98	0.00	

Budget Manager: Eichelberger, Lisa Budget Ref: 2018 From Fiscal Year: 2018 To Fiscal Year: 2018

Fund Code:

10600

Other General

Department: 0610210 Nursing Program Fees All Fiscal Periods: No Acct Period From: 1 (JUL2017) Acct Period To: 12 (JUN2018)

					Program/ A	PPROP	ORG				
Account	<u>Jrnl/Tran</u>				<u>Class</u>	udgeted	<u>Budgeted</u>	Pre-Encum	<b>Encumbrance</b>	Expended	Remaining
	<u>Date</u>	<u>Type</u>	<u>DocumentID</u>	<u>Line</u>	<u>Description</u>	Vendor	Check				
	06/08/18	PO	0000513637	15	Pre-Enc Liquidation: 0000502749/15	POCKETNURS		-62.30	0.00	0.00	
	06/08/18	PO	0000513637	15	06-82-5114 Huber Needle 20 G x 1"	POCKETNURS		0.00	62.30	0.00	
	06/08/18	PO	0000513637	16	Pre-Enc Liquidation: 0000502749/16	POCKETNURS		-297.50	0.00	0.00	
	06/08/18	PO	0000513637	16	07-26-3110-10FR Closed suction cath	et POCKETNURS		0.00	297.50	0.00	
	06/08/18	PO	0000513637	17	Pre-Enc Liquidation: 0000502749/17	POCKETNURS		-211.20	0.00	0.00	
	06/08/18	PO	0000513637	17	07-71-3200 Airlife Airway Access Ad	pa POCKETNURS		0.00	211.20	0.00	
	06/08/18	PO	0000513637	18	Pre-Enc Liquidation: 0000502749/18	POCKETNURS		-135.00	0.00	0.00	
	06/08/18	PO	0000513637	18	05-41-1300 Wound Drainiage System w	it POCKETNURS		0.00	135.00	0.00	
	06/08/18	PO	0000513637	19	Pre-Enc Liquidation: 0000502749/19	POCKETNURS		-74.60	0.00	0.00	
	06/08/18	PO	0000513637	19	05-41-4007 Wound drainage suction r	es POCKETNURS		0.00	74.60	0.00	
	06/08/18	PO	0000513637	20	Pre-Enc Liquidation: 0000502749/20	POCKETNURS		-718.17	0.00	0.00	
	06/08/18	PO	0000513637	20	11-81-2240-wh Chester Chest with ad	va POCKETNURS		0.00	718.17	0.00	
	06/08/18	PO	0000513637	21	Pre-Enc Liquidation: 0000502749/21	POCKETNURS		-29.86	0.00	0.00	
	06/08/18	PO	0000513637	21	06-93-0048 Demo Dose Glucotrl 5mg	POCKETNURS		0.00	29.86	0.00	
	06/08/18	PO	0000513637	22	Pre-Enc Liquidation: 0000502749/22	POCKETNURS		-29.86	0.00	0.00	
	06/08/18	PO	0000513637	22	06-93-0701 Demo Dose Digoxn Lanoxn	0. POCKETNURS		0.00	29.86	0.00	
	06/08/18	PO	0000513637	23	Pre-Enc Liquidation: 0000502749/23	POCKETNURS		-27.00	0.00	0.00	
	06/08/18	PO	0000513637	23	06-93-3001 Demo Dose Heparin 1000 u	ni POCKETNURS		0.00	27.00	0.00	
	06/08/18	PO	0000513637	24	Pre-Enc Liquidation: 0000502749/24	POCKETNURS		-298.00	0.00	0.00	
	06/08/18	PO	0000513637	24	06-54-3529 Small bore extension set	w POCKETNURS		0.00	298.00	0.00	
	06/08/18	PO	0000513638	1	Vent, Servo 300a re-certified, with	s MASTERMEDI		0.00	3,895.00	0.00	
	06/08/18	PO	0000513638	3	Pre-Enc Liquidation: 0000502748/3	MASTERMEDI		-1,790.00	0.00	0.00	
	06/08/18	PO	0000513638	3	Pump, B Braun Infusomat Space Infu	si MASTERMEDI		0.00	1,790.00	0.00	
	06/08/18	PO	0000513638	4	Pre-Enc Liquidation: 0000502748/4	MASTERMEDI		-1,790.00	0.00	0.00	
	06/08/18	PO	0000513638	4	Pump, Alaris 8000 POC - this is the	" MASTERMEDI		0.00	1,790.00	0.00	
	06/08/18	PO	0000513638	5	Pre-Enc Liquidation: 0000502748/5	MASTERMEDI		-3,180.00	0.00	0.00	
	06/08/18	PO	0000513638	5	Pump, Alaris (LVP) Large Volume Inf	us MASTERMEDI		0.00	3,180.00	0.00	
	06/08/18	PO	0000513639	1	Pre-Enc Liquidation: 0000502708/1	GAUMARDSCI		-6,995.00	0.00	0.00	
	06/21/18	PO	0000513666	1	Chester Chest with/Advanced Arm for	D POCKETNURS		0.00	293.17	0.00	
	06/21/18	PO	0000513668	1	Nurse Skills Lab Kits KCSGA-NURSE f	or GRACETRAIN		0.00	5,040.00	0.00	
	06/21/18	PO	0000513668	2	Central Line Dressing-Simulated Ste	ri GRACETRAIN		0.00	256.00	0.00	
	06/21/18		0000513669	1	COPD Model AG50/1 For Instructional			0.00	123.00	0.00	
	06/21/18		0000513669	2	Alaris Tubing Set	BECKSONMED		0.00	740.00	0.00	
	06/21/18		0000513669	3	Kangeroo EPump	BECKSONMED		0.00	585.00	0.00	
	06/21/18		0000513669	4	Pump Set for Instructional use in D			0.00	224.00	0.00	
	06/21/18		0000513669	5	Practi-Anatomical Templates	BECKSONMED		0.00	399.00	0.00	
	06/21/18		0000513669	6	Practi-Calcium 10 ml syringe	BECKSONMED		0.00	23.25	0.00	
	06/21/18		0000513669	-	Practi-Dextrose 50 ml IV syringe	BECKSONMED		0.00	23.25	0.00	

Budget Manager: Eichelberger, Lisa Budget Ref: 2018 From Fiscal Year: 2018 To Fiscal Year: 2018 Department: 0610210 Nursing Program Fees All Fiscal Periods: No Acct Period From: 1 (JUL2017) Acct Period To: 12 (JUN2018)

Fund Code: 10600 Other General

				Program/	PPROP	ORG		2		
Account Jrnl/Tra	_				Budgeted	Budgeted	Pre-Encum	Encumbrance	Expended	Remaining
<u>Date</u>	Type	<u>DocumentID</u>	<u>Line</u>	Description	Vendor	Check				
06/21/18	PO	0000513669	0	Burnell Burnell						
06/21/18		0000513669		Practi-Atropine 10 ml IV syringe	BECKSONMED		0.00	24.75	0.00	
06/21/18			9	Practi-Naloxn 2 ml IV syringe	BECKSONMED		0.00	23.25	0.00	
06/21/18		0000513670	1	The state of the s	am REALITYWOR		0.00	3,748.50	0.00	
06/25/18		0000513670	2	Geriatric Sensory Impairment Kit fo	r REALITYWOR		0.00	949.00	0.00	
06/25/18		05330704		Adj.V#05329486/PO-513396	GRAING-CAT	001113	0.00	0.00	30.72	
		05330705		Adj.V#05329483/PO-513396	GRAING-CAT	001113	0.00	0.00	122.88	
06/28/18		0000631074	. 1	Tent - for Recruitment & Events	Eichelberge	r,Li	0.00	0.00	-218.78	
		t - Instruct,								
02/26/18		05326163	2	Variance-Invoice and PO	GRACETRAIN	232540	0.00	0.00	787.50	
		-Ship/Handl/H								
		05320574	1		LAERDALMED	230392	0.00	0.00	38.87	
12/21/17		05323756	7	Fuel Surcharge	MOOREMEDIC	231571	0.00	0.00	0.71	
03/13/18		0000513056	2	Shipping	SIMUMEDLLC		0.00	69.00	0.00	
05/16/18	_	0000502748	2	Blanket Wrap Freight for Servo 300A			650.00	0.00	0.00	
05/16/18	_	0000502748	6	Freight for pumps UPS			20.00	0.00	0.00	
05/16/18	~	0000502749	25	Shipping			98.50	0.00	0.00	
06/04/18		05330018	2	Enc Liquidation: 0000513056/2	SIMUMEDLLC		0.00	-69.00	0.00	
06/04/18		05330018	2	Shipping	SIMUMEDLLC	233844	0.00	0.00	69.00	
06/08/18		0000513637	25	Pre-Enc Liquidation: 0000502749/25	POCKETNURS		-98.50	0.00	0.00	
06/08/18		0000513637	25	Shipping	POCKETNURS		0.00	98.50	0.00	
06/08/18		0000513638	2	Pre-Enc Liquidation: 0000502748/2	MASTERMEDI		-650.00	0.00	0.00	
06/08/18	PO	0000513638	6	Pre-Enc Liquidation: 0000502748/6	MASTERMEDI		-20.00	0.00	0.00	
06/08/18	PO	0000513638	6	Freight for pumps UPS	MASTERMEDI		0.00	20.00	0.00	
06/21/18	PO	0000513668	3	Shipping Charges	GRACETRAIN		0.00	25.00		
06/21/18	PO	0000513669	10	Shipping	BECKSONMED		0.00	170.00	0.00	
06/21/18	PO	0000513670	3	Shipping Charges	REALITYWOR		0.00	297.35	0.00	
714120 Sup	plies a	Matl Exp -	Other	,	TOPIDITI WOR		0.00	297.35	0.00	
03/28/18	REQ	0000502453	1	Assessment Testing			23,452.75	0.00		
03/30/18	PO	0000513169		Pre-Enc Liquidation: 0000502453/1	KAPLANINC			0.00	0.00	
Totals	;				MAPDANING		-23,452.75	0.00	0.00	
							0.00	37,628.08	10,815.80	-48,443.88
L5000 Repairs A	nd Main	tenance		11100 / 11000		0.00				
		d Maintenanc	e	/ 11000		0.00				
06/08/18		0000513639		Warranty - Nursing Simulator	CALIMADDOGT		0.00			
Totals			-		GAUMARDSCI		0.00	6,995.00	0.00	
							0.00	6,995.00	0.00	-6,995.00
.7000 Utilities				11100 / 11000						
		Garbage Pick	un	11100 / 11000		0.00				
09/05/17				Harandana Marta Marana						
05,00/1/	, 0111	00010100	_	Hazardous Waste Management	CYNTOXLLC	229793	0.00	0.00	137.50	

Budget Manager: Eichelberger, Lisa Budget Ref: 2018 From Fiscal Year: 2018 To Fiscal Year:

2018 Department: 0610210 Nursing Program Fees All Fiscal Periods: No Acct Period From: 1 (JUL2017) Acct Period To: 12 (JUN2018) Fund Code: 10600 Other General

	Program/	APPROP	ORG				
Account Jrn1/Tran		Budgeted	Budgeted	Pre-Encum	Encumbrance	Expended	Remainin
<u>Date Type DocumentID I</u>	ine Description	<u>Vendor</u>	Check				
Totals				0.00	0.00	137.50	-137.5
20000 Insurance And Bonding	11100 / 11000		0.00				
720100 Insurance And Bonding							
10/20/17 REQ 0000501829	1 Mercer Professional Student Liabil:			2,955.00	0.00	0.00	
10/20/17 PO 0000512553	1 Mercer Professional Student Liabil:	ity MERCERHEAL		0.00	2,955.00	0.00	
10/20/17 PO 0000512553	1 Pre-Enc Liquidation: 0000501829/1	MERCERHEAL		-2,955.00	0.00	0.00	
10/23/17 Vchr 05321185	1 Enc Liquidation: 0000512553/1	MERCERHEAL		0.00	-2,955.00	0.00	
10/23/17 Vchr 05321185	1 Mercer Professional Student Li	MERCERHEAL	230613	0.00	0.00	2,955.00	
Totals				0.00	0.00	2,955.00	-2,955.0
27000 Other Operating Expense	11100 / 11000		0.00				
727100 Other Operating Expense							
06/26/18 Vchr 05330835	1	KAPLANINC	001121	0.00	0.00	2,245.75	
06/29/18 Vchr 05331076	1 Assessment testin for Nurses	KAPLANINC	001145	0.00	0.00	-2,245.75	
727140 Oth Oper Exp-Credit Card							
06/08/18 PO 0000513635	13 Fuel Surcharge	MOOREMEDIC		0.00	0.71	0.00	
Totals				0.00	0.71	0.00	-0.7
43000 Equip/Furn Purch-Small Value	11100 / 11000		0.00				
743100 Equip Purchase-Sm Val/No	n Inv						
05/16/18 REQ 0000502748	1 Vent, Servo 300a re-certified, with	ı s		3,895.00	0.00	0.00	
06/08/18 PO 0000513638	1 Pre-Enc Liquidation: 0000502748/1	MASTERMEDI		-3,895.00	0.00	0.00	
Totals				0.00	0.00	0.00	0.0
53000 Contracts	11100 / 11000		0.00				
753100 Contracts							
02/23/18 PO 0000512994	1 Kaplan - Testing and Assessment for	N KAPLANINC		0.00	22,330.25	0.00	
03/09/18 Vchr 05326655	1 Kaplan - Testing and Assessmen	KAPLANINC	000713	0.00	0.00	22,330.25	
03/09/18 Vchr 05326655	1 Enc Liquidation: 0000512994/1	KAPLANINC		0.00	-22,330.25	0.00	
03/30/18 PO 0000513169	1 Assessment Testing for Nursing Dept			0.00	23,452.75	0.00	
06/08/18 PO 0000513638	2 Blanket Wrap Freight for Servo 300A	MASTERMEDI		0.00	650.00	0.00	
06/29/18 Vchr 05331074	1 Enc Liquidation: 0000513169/1	KAPLANINC		0.00	-23,452.75	0.00	
06/29/18 Vchr 05331074	1 Assessment Testing for Nursing	KAPLANINC	001145	0.00	0.00	23,452.75	
06/29/18 Vchr 05331074	2 Price Variance	KAPLANINC	001145	0.00	0.00	124.75	
06/29/18 Vchr 05331076	1 Assessment testin for Nurses	KAPLANINC	001145	0.00	0.00	2,245.75	
Totals		-		0.00	650.00	48,153.50	-48,803.5
erating Supplies & Expenses Total							

Budget Manager: Eichelberger, Lisa Budget Ref: 2018 From Fiscal Year: 2018 To Fiscal Year: 2018 Department: 0610210 Nursing Program Fees All Fiscal Periods: No Acct Period From: 1 (JUL2017) Acct Period To: 12 (JUN2018) Fund Code: 10600 Other General Program/ APPROP Account Jrn1/Tran Class Budgeted Budgeted Pre-Encum Encumbrance Expended Remaining Type DocumentID Line Description Vendor Check 800000 Purchase / Capital Outlay 11100 / 11000 4,900.00 843000 Other Capital Purchases 11100 / 11000 0.00 843100 Equipment Purch-Inventory 05/09/18 REQ 0000502701 METER KIT TRUE RESULT 6EA/CS MCK BRAN 1.00 0.00 0.00 05/09/18 REQ 0000502701 OTOSCOPE/OPTH SET 3.5V D/S EA WELCH A 3,758.58 0.00 0.00 05/09/18 REO 0000502701 Aneroid Sphygmomanometer Adult Arm 153.60 0.00 0.00 05/11/18 0000513396 Pre-Enc Liquidation: 0000502701/10 GRAING-CAT -153.600.00 0.00 05/11/18 PO 0000513396 Aneroid Sphygmomanometer Adult Arm GRAING-CAT 0.00 153.60 0.00 05/11/18 PO 0000513397 Pre-Enc Liquidation: 0000502701/1 MCKESS-CAT -1.00 0.00 0.00 05/11/18 PO 0000513397 METER KIT TRUE RESULT 6EA/CS MCK BRAN MCKESS-CAT 0.00 1.00 0.00 05/11/18 PO 0000513397 Pre-Enc Liquidation: 0000502701/8 MCKESS-CAT -3,758.580.00 0.00 05/11/18 PO 0000513397 OTOSCOPE/OPTH SET 3.5V D/S EA WELCH A MCKESS-CAT 0.00 3,758.58 0.00 05/21/18 Vchr 05329483 Enc Liquidation: 0000513396/10 GRAING-CAT 0.00 -122.880.00 05/21/18 Vchr 05329483 Aneroid Sphygmomanometer Adult GRAING-CAT 001057 0.00 0.00 122.88 05/21/18 Vchr 05329486 Enc Liquidation: 0000513396/10 GRAING-CAT 0.00 -30.720.00 05/21/18 Vchr 05329486 Aneroid Sphygmomanometer Adult GRAING-CAT 001057 0.00 0.00 30.72 06/25/18 Vchr 05330704 1 Adj.V#05329486/PO-513396 GRAING-CAT 001113 0.00 0.00 -30.72 06/25/18 Vchr 05330705 1 Adj.V#05329483/PO-513396 GRAING-CAT 001113 0.00 0.00 -122.88 Totals 0.00 3,759.58 0.00 -3,759.58 Purchase / Capital Outlay Total 4,900.00 0.00 0.00 3,759.58 0.00 1,140.42 Totals for Dept/Fund/Program/Class: 0610210 / 10600 11100 / 11000 114,700.00 0.00 0.00 49,033.37 3,604.83 62,061.80 Totals for Dept/Fund: 0610210 / 10600 0.00 49,033.37 62,061.80 3,519.83 111,095.17

Report ID: BORRG045 Date: 09/27/2018 @ 10:35:22 DB=FPROD

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Version#: 5.34

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# Program Fees - Operating Supplies & Expenses Speedtype 0610211000 Fund 10600 Dept. ID 0610210 Program 11100 Class 11000

Collected to Date

Beg. Balance \$114,615.00

10/04/17	Laerdal	Shipping due on Laerdal PO # 512018	\$38.87	PO	114,576.13
12/21/2017	Moore Medical	Fuel surcharge due on PO	\$0.71	PO	114,575.42
09/05/17	Cyntox	Hazardous Waste Pick-up	\$137.50	Check Request	114,437.92
10/20/17	CSU	Liability Insurance - Mercer Professional Student Liability Insurance	\$2,955.00	JE	111,482.92
12/01/17	Kaplan	Assessment Testing - Fall	\$22,330.25	Purch Req	89,152.67
01/31/18	Pocket Nurse	Mightystat Oximeter	\$378.20	P'Card	88,774.47
02/26/18	Grace Training	Variance of PO - additional kits needed	\$787.50	Check Request	87,986.97
02/28/18	Pocket Nurse	Various guage syringes	\$822.42	P'Card	87,164.55
03/13/18	Sim U Med	Shipping due on Simumed	\$69.00	Check Request	87,095.55
03/06/18	Moore Medical	Student Medical Training Supplies for Nursing Lab - IV Needles	\$987.35	P'Card	86,108.20
03/08/18	Moore Medical	Student Medical Training Supplies for Nursing Lab - IV Kits	\$477.08	P'Card	85,631.12
03/09/18	Pocket Nurse	Student Medical Training Supplies for Nursing Lab - Ampules	971.12	P'Card	84,660.00
03/27/18	Pocket Nurse	Student Medical Training Supplies for Nursing Lab - IV Supplies	\$996.47	P'Card	83,663.53
03/31/18	Kaplan	Assessment Testing - Spring	\$23,452.75	Purch Req	60,210.78
05/03/18	Kaplan	Student assessment testing materials	124.75	Check Request	60,086.03
05/03/18	Kaplan	Price variance - po - additional assessment test for nurses	2,245.75	Check Request	57,840.28
04/23/18	Sim U Med	Portable Student Nurse Training Kits for clinical practice	\$4,930.00	Purch Req	52,910.28
02/12/18	csu	Liability Insurance - Spring 2018	\$798.00	JE	52,112.28
05/09/18	Guamard	Warranty - Care Plan for Hal Manakin	\$6,999.00	Purch Req	45,113.28
05/09/18	McKesson	Various Glucose Monitoring Supplies / Spygomanometer	\$4,845.48	Purch Req	40,267.80
05/09/18	Nasco	Anatomical Models, IV Training Models	\$4,486.92	Purch Req	35,780.88
05/16/18	Master Medical	IV Pumps & Respritory training equipment	\$11,325.00	Purch Req	24,455.88
05/16/18	Beckson Medical	IV Pump Accessories & Emegency Cart Simulated Meds	\$2,335.50	Purch Req	22,120.38
05/16/18	Pocket Nurse	Student Demo Dose Simulation Medications & Student Skills Trainers (4,209.48) (98.50)	\$4,307.98	Purch Req	17,812.40
05/16/18	Pocket Nurse	Chester Chest Simulator	\$718.17	Purch Req	17,094.23
05/30/18	Reality Works	Geriatric Simulator & Sensory Impairment Kit (4697.50 +S/H297.35)	\$4,994.85	Purch Reg	12,099.38

05/30/18	Moore Medical	Nursing Laboratory supplies - restock various supplies(4281.36 + fuel chg .71)	\$4,282.07	Purch Req	7,817.31
05/30/18	Grace Training	Nurse Packs ( 64 x 78.75) = 5040.00 Central Line Kits (32 x 8) = 256.00 S/H 25.00	\$5,321.00	Purch Req	2,496.31
05/30/18	Medical Shipment	Lab Supplies	\$419.85	P'Card	2,076.46
05/30/18	Medical Shipment	variance in PO - product price increase	203.48	Check Request	1,872.98
05/30/18	Pocket Nurse	Various nursing student supplies for Health Assessment	1,025.00	Purch Req	847.98
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