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| **SESF Budget Request Form** |
| Please identify all expenses related to this request. Attach to this form any supporting documentation, evidence, data, information, etc. you would like the SESF Fee Oversight Committee to consider and/or that pertains to a line item. |
| **Program Name:** |  | **Program Budget #:** |  |
| **Program Contact:** |  | **Lab/ Position Name:** |  |
|  |
| **for Fiscal Year:** |  |   |  |   |   |
|   | Previous SESFAllocation ($) | CurrentRequest Amount ($) | Other Funds Allocated($) | Future Needs Estimate($) | Description (If needed) |
| ***Salaries, wages and benefits*** |  |  |  |   |
| Exempt |   |   |   |   |   |
| Faculty |   |   |   |   |   |
| Classified |   |   |   |   |   |
| Students |   |   |   |   |   |
| Student Work Study |   |   |   |   |   |
| Employee Benefits |   |   |   |   |   |
| Personal Services |   |   |   |   |   |
|    |
| ***Goods & Services*** |
| Supplies & Materials |  |  |  |  |    |
| Communications |   |   |   |   |   |
| Rentals & Leases |   |   |   |   |   |
| Repairs/Alterations/Maint. |   |   |   |   |   |
| Printing/Reproduction |   |   |   |   |   |
| Professional Development |   |   |   |   |   |
| Subscriptions |   |   |   |   |   |
| Insurance |   |   |   |   |   |
| Purchased Services |   |   |   |   |   |
| Other (Miscellaneous) |   |   |   |   |   |
|   |
| ***Travel*** |   |   |   |   |   |
|   |
| ***Capital Outlays*** |
| Furniture, Equipment |   |   |   |   |   |
| Hardware/Software (describe) |  |  |  |  |  |
|   |
| ***Client Services***  |   |   |   |   |   |
|   |
| **Other** (describe) |   |   |   |   |  |