|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 SESF Allocation  ($) | Current Request  Amount  ($) | | 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) | |  | |  | |  |  | |  |