

# CONTINUING EDUCATION FUNDS

## Program Set-up and Approval Form

Set-up in PSHR (Acctg. Services Use) \_\_\_\_\_

Residual Account # \_\_\_\_\_

From (College or Unit) \_\_\_\_\_  
 Project #: \_\_\_\_\_  
 Program Title: \_\_\_\_\_  
 Program Dates: \_\_\_\_\_  
 Learning Objectives: \_\_\_\_\_

**NEW OR REPEAT PROGRAM (Circle one):** Yes No

Department: \_\_\_\_\_ Director: \_\_\_\_\_  
 Program Manager: \_\_\_\_\_ Location: On Campus \_\_\_\_\_ Off Campus \_\_\_\_\_

**BUDGET (Program cannot be activated without a budget):**

**Projected Revenue:**

Fees:	\$	
Other Income:	\$	
<b>Total Estimated Income:</b>	<b>\$</b>	

**Expenditures:**

<i>Personal Services:</i>		
PLM000	\$	
PLG000	\$	
Others:	\$	
Fringe Benefits (7%):	\$	
<i>Non-Personal Services:</i>		
Supplies:	\$	
Equipment:	\$	
Travel:	\$	
Instructor Costs:	\$	
<b>Total Estimated Expenses:</b>	<b>\$</b>	
<b>Net of Revenue and Expenses:</b>	<b>\$</b>	

I have reviewed this program and accept it as an obligation of the College of \_\_\_\_\_.

**APPROVAL SIGNATURES:**

Program Manager: _____	Date: _____
Dean: _____	Date: _____
Office of Accounting Services: _____	Date: _____

PROJECT APPROVER	PROJECT APPROVER 2	PROJECT APPROVER 3	FINAL APPROVER

BUDGET	PERSONAL CODE	BUDGET	PERSONAL CODE
PSF000	Faculty - Budget only	FBB000	Fringe Benefits
PSS000	Staff - Budget only	TR0000	Travel Budget
PLS000	Summer Faculty - Budget only	SP0000	Supplies
PLG000	Graduate Assistant - Budget only	EQ0000	Equipment Budget
PLM000	Miscellaneous Lump Sums - Budget only		
PLP000	Part - Time Instruct - Budget only		