

Lamar State College-Port Arthur
Department Annual Funding Budget Request 2019-2020

APPLICANT INFORMATION

Department Name: _____

Contact Person: _____ Title/Position: _____

Email: _____ Phone: _____

PROGRAM INFORMATION

Program Name: _____ Head Count By Major: _____

Faculty Count (full & part time): _____ Enrollment Count: _____

Recruiting efforts of program: _____

Describe how program goals are being achieved: _____

Is the program “effective” based on your analysis? (Please describe) _____

PROPOSAL INFORMATION

Reason for Request (include all dates, locations, number of students attending, etc):

How does this event meet the college’s goals and mission? _____

Has your department received an annual budget allocation? Yes No

If so, Date _____ Amount _____

Have those attending paid their membership dues? _____

SIGNATURE OF DEPARTMENT

We, the undersigned, certify that we are current department representatives of the above campus departments and that the event specified will be held in accordance with all municipal, state, and college regulations regarding such events. Further, we assume collective and individual responsibility for the orderly conduct of this event in accordance with the LSCPA Student Handbook.

Department Representative

Date:

Department Chairperson/Director

Date:

Received By (Committee)

Date:

BUDGET PROPOSAL

Please list all that apply:

Salary Requests:

(Hourly rate x Total hours = total wages)

Staff/Faculty Wages \$_____

Student Assistants \$_____

General Requests:

- Contracts \$_____
- Guest Speakers \$_____
- Royalty Payments \$_____
- Advertisement \$_____
- Printed Materials \$_____
- Scholarships \$_____
- Refreshments \$_____
- Gifts \$_____
- Equipment Rental \$_____
- Equipment Purchase \$_____
- Costumes \$_____

Travel Requests:

- Conference Fee:
\$____ x ____ people \$_____
- Airfare
\$____ x ____ people \$_____
- Hotel
\$__ x __ rooms x __ nights \$_____
- Food (per diem)
\$__ /day x __ days x __ people \$_____
- Fuel \$_____
- Parking \$_____
- Other Items _____
- _____ \$_____

TOTAL REQUESTED AMOUNT \$_____

**If additional request items are needed,
please attach an itemized budget with costs.**

DEPARTMENT REVENUE/CONTRIBUTIONS

- Department Funds \$_____
- Other College Funds \$_____
- Ticket Sales/Revenue \$_____

COMMITTEE APPROVAL

Approved Amount \$_____

Denied

Dr. Deborah Hebert, Dean of Student Services

Date