## Lamar State College-Port Arthur

Department Annual Funding Budget Request 20 to 20

#### 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? If so, Date Amount	No	 
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:		Travel Requests:	
(Hourly rate x Total hour	rs = total wages)	Conference Fee:	
Staff/Faculty Wages	\$	\$xpeople	\$
Student Assistants	\$	Airfare	
		<pre>\$x_people</pre>	\$
General Requests:		Hotel	
Contracts	\$	<pre>\$rooms xnights</pre>	\$
Guest Speakers	\$	Food (per diem)	
Royalty Payments	\$	\$ /day x days x people	\$
Advertisement	\$	Fuel	\$
Printed Materials	\$	Parking	\$
Scholarships	\$	Other Items	
Refreshments	\$		\$
Gifts	\$		
Equipment Rental	\$		
Equipment Purchase	\$	TOTAL REQUESTED AMOUN	T \$
Costumes	\$		

# 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

Dr. Deborrah Hebert, Dean of Student Services

Date

Denied  $\Box$ 

\$\_\_\_\_\_

\$\_\_\_\_\_

\$