

Course Designation/#: _____
 Course Title: _____
 Travel Destination : _____
 Contact & Ext. # : _____

Term : _____
 Program Begins : _____
 Program Ends : _____

Participants Summary:

-# of student participants (paying):	10
-# of non-student participants (paying):	
Total # of paying participants:	10
-# of non-paying participants (faculty):	2
Total # of participants:	12

Preliminary Budget

Expenses	# of Participants	Rate	Total	Comments
Prof. Services	10	-	-	Provider: _____
Travel				
-Faculty Per Diem	2	-	-	See details attached
-Airfare	2	-	-	Faculty airfare not included in proposal
-Transportation	2	-	-	Shuttle to/from LAX
-Student Meals	-	-	-	
-Health Insurance	-	34.00	-	No charge to students and faculty - Int. only
-Excursions	-	-	-	
Other	1	-	-	misc., faculty cell phone
Overhead Fee	10	-	-	Charged to each paying participant - \$50/unit
Total Expense			-	1. Expenses must incl all items - faculty/stds 2. Specify if airfare is incl or only land cost
Paying Participant Cost (low end of range):			-	3. This budget does not include tuition.
(high end of range):			0	

Signatures:

 Faculty/Sponsor Coordinator Signature Approve ___ Disapprove ___ Date: _____

 Department Chair Signature Approve ___ Disapprove ___ Date: _____

 Dean Signature Approve ___ Disapprove ___ Date: _____

 Kristin Beavers, Cntr for Global Ec Signature Approve ___ Disapprove ___ Date: _____

 Laura Baker, Off. Of Provost Signature Approve ___ Disapprove ___ Date: _____

Budget Office	PS 100-XXXX-XXXX
Faculty Leader/s:	1 ___ 2 ___ 3 ___ 4 ___
Overnight Location/s:	1 ___ 2+ ___
Compensation:	1 Full ___ Split ___ 2 Full ___

Last Revision Date