

**Budget Plan**

EASTERN CONNECTICUT STATE UNIVERSITY  
**2018 AAUP Contract Award**  
**Faculty Development Award**  
 (AAUP Professional Development Fund)

Contact Diane Moore at 465-5336 with any questions

Name of Award Recipient(s): \_\_\_\_\_ Full-Time\_\_\_ or Part-Time\_\_\_ Employee

Project Name: \_\_\_\_\_

Amount of Award \$ \_\_\_\_\_ Banner Index Number: \_\_\_\_\_

Account Termination Date: **8/10/18** Written Report Submission Deadline: **9/11/18** (Mail to: Dr. Dimitrios Pachis, V.P. Academic Affairs)

			<u>Awardee 1</u>	<u>Awardee 2</u>	<u>Awardee 3</u>	<u>Awardee 4</u>
A. 1. Amt. Paid directly to recipient (s)*	612230	\$	_____	_____	_____	_____
2. University Assistants	612230	\$	_____	_____	_____	_____
3. Student Workers	612410, 612420	\$	_____	_____	_____	_____
4. Fringe Benefits on #s 1-3**	626100	\$	_____	_____	_____	_____
5. Workmen's Comp on #s 1-3**	625100	\$	_____	_____	_____	_____
<b>Total Personal Services</b>		\$	_____	_____	_____	_____
B. 1. Supplies	Misc.	\$	_____	_____	_____	_____
2. Travel	732100 to 732115	\$	_____	_____	_____	_____
3. Other (please explain below)		\$	_____	_____	_____	_____
_____						
_____						
<b>Total Other Expense</b>		\$	_____	_____	_____	_____
C. Equipment	78xxxx	\$	_____	_____	_____	_____
<b>Grand Total</b>		\$	_____	_____	_____	_____

**(Should not be greater than the Amount of Award)**

\* To be paid via the University Assistant mechanism (Part-time Authorization needed for payment)

\*\* Fringe Benefit Rate:

\*\* Workmen's' Compensation Rate: All fringe benefits and workers comp will be move to AAFO01

Signature of Award Recipient(s): \_\_\_\_\_ Date \_\_\_\_\_

**Copy to:** Diane C. Moore, Office of Fiscal Affairs, Accounting Section, Gelsi-Young Hall, Room 338C