

Budget Plan

EASTERN CONNECTICUT STATE UNIVERSITY
2019 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: **8/09/19** Written Report Submission Deadline: **9/09/19** (Mail to: Dr. William Salka, Interim Provost for Acad. 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)*	601306	\$	_____	_____	_____	_____
2. University Assistants	601306	\$	_____	_____	_____	_____
3. Student Workers	601400, 601401	\$	_____	_____	_____	_____
4. Fringe Benefits on #s 1-3**	602500	\$	_____	_____	_____	_____
5. Workmens' Comp on #s 1-3**	602401	\$	_____	_____	_____	_____
Total Personal Services		\$	_____	_____	_____	_____
B. 1. Supplies	Misc.	\$	_____	_____	_____	_____
2. Travel	705000 to 705500	\$	_____	_____	_____	_____
3. Other (please explain below)		\$	_____	_____	_____	_____

Total Other Expense		\$	_____	_____	_____	_____
C. Equipment	700000	\$	_____	_____	_____	_____
Grand Total		\$	_____	_____	_____	_____

(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:

** Workmens' 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