

Faculty Led Study Abroad Program – Budget Sheet

Program Name: UF in _____
 City _____ Country _____

Start date (first date students must be present) _____ End date (student's departure date) _____
 Faculty travel dates: _____

Program Director: _____ Rank: _____ # credits _____
 Additional instructors: _____ Rank _____ # credits _____
 _____ Rank _____ # credits _____

Minimum # of students (breakeven) _____ Maximum # _____

Faculty compensation based on guidelines set by Study Abroad Services:
 Administrative supplement for all responsibilities outside of teaching
 Teaching salary based on rank and number of credits to be taught.

A. Faculty Expenses

Round trip airfare: _____ Departure City: _____
 Baggage fees: _____ Max: \$200, Must be budgeted, if needed
 Ground transportation to/from airport: _____ Explain: _____
 Faculty foreign lodging _____ (lodging not included in provider proposal)
 Per Diem TBD by UFIC (will be based on 62% of DOS foreign per diem for meals)
 Incidentals not to exceed \$20/week _____ # weeks _____
 Cell phone not to exceed \$35/week _____ # weeks _____
 Other: _____ Explain: _____

B. Other instructors

Round trip airfare: _____ Departure City: _____
 Baggage fees: _____ Max: \$200, Must be budgeted, if needed
 Ground transportation to/from airport: _____ Explain: _____
 Faculty foreign lodging _____ (if lodging is not included in provider proposal)
 Per Diem TBD by UFIC (not to exceed 62% of DOS foreign per diem)
 Incidentals not to exceed \$20/week _____ # weeks _____
 Cell phone not to exceed \$35/week _____ # weeks _____
 Other: _____ Explain: _____

C. Student Expenses:

Lodging: _____ Nightly rate: _____
 Group meals, if any _____ List: _____

 Other: _____

D. Excursions, activities, local transportation per person. (Group cost listed in section E)

Use additional form/paper, if needed.	Student \$	Instructor(s)\$	# instructors(s)
List: _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

E. Group or Fixed Expenses:

Guest Lecturers _____ Explain: _____
 Classroom rentals _____
 Group transportation (bus, van) _____
 Other (use addl form/paper, if needed) _____ Explain: _____

COMMENTS: Please use additional form or paper, if needed.

F. Name of Vendors to be paid thru Disbursements to confirm vendor is in UF Vendor file:

Vendor complete name and address

Has vendor been paid before?

YES

NO

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____
