



**Student Learning Fee
Expenditure Plan**

Unit Name: _____ For Fiscal Year: _____

Allocated Budget:	_____
Rollover from <enter prior F/Y>	_____ 0
Total Budget:	0

Proposal Rank	Proposal No.	Proposal Title/Description	Submitter Name	DeptID	Consumables/Supplies	Equipment	Student Salaries	Technology	Travel	Other	Total
1											0
2											0
3											0
4											0
5											0
6											0
PR.1					0	0	0	0	0	0	0
PR.2					0	0	0	0	0	0	0
PR.3					0	0	0	0	0	0	0
Unit Totals:					0	0	0	0	0	0	0

Unspent Funds

0

Signature below indicates agreement between the SLF Committee and the Unit Head regarding the above ranked proposal funding.

Unit Head Signature: _____

Unit Head Printed Name: _____

Date: _____