

**FINANCIAL DATA WORKSHEET
OFF CAMPUS TRAVEL PROGRAMS**

Course Number: _____

Name of Program: _____

Account #: _____

Inclusive Program Dates: _____

The fees below are the charges per student for the various elements of the program.

PROGRAM FEE (List a charge for all that apply) _____

Airfare	_____	
Room	_____	
Meals (Specify meals included for this charge below)	_____	
Airport Transfers/Other Transportation	_____	
Health Insurance	_____	
Day or Weekend Trips (Specify below)	_____	
Entrance Fees	_____	
Honoraria for Lecturers	_____	
Plays/Opera/Symphony	_____	
Vendor: _____	_____	
Other: _____	_____	

ADMINISTRATIVE EXPENSE _____

Samford Office Overhead	_____	
Shared Program Personnel Travel Expenses	_____	
Other: _____	_____	

TOTAL PER STUDENT COST FOR COVERED EXPENSES _____

LESS UNIVERSITY APPROVED SUBSIDY PER CREDIT STUDENT, IF ANY (_____) _____

TOTAL ADVERTISED STUDENT COST EXCLUDING TUITION _____

TUITION

Per Credit Tuition	Number of Credits	Subtotal	Total
_____	_____	_____	_____

NET SUBSIDIZED COST INCLUDING TUITION _____

Submitted By: _____

Approved: _____
(Provost)