

ITEMIZED BUDGET WORKSHEET

Complete yellow highlighted sections, as appropriate, to calculate your total budget request.

Organization:		Principal Investigator	
Project Name:			

PERSONNEL - SALARY AND FRINGE			Annual Base salary	Annual Fringe	Program Effort	Salary Request	Fringe Request	Sub TOTAL
	Position Title	Staff Name						
1						\$0.00	\$0.00	\$0.00
2						\$0.00	\$0.00	\$0.00
3						\$0.00	\$0.00	\$0.00
4						\$0.00	\$0.00	\$0.00
5						\$0.00	\$0.00	\$0.00
6						\$0.00	\$0.00	\$0.00
7						\$0.00	\$0.00	\$0.00
8						\$0.00	\$0.00	\$0.00
TOTAL PERSONNEL						\$0.00	\$0.00	\$0.00

EQUIPMENT *(Tangible Property with useful life over 1 year and unit cost of \$2,500 or more)*

	Item	Quantity	Unit Cost		Sub TOTAL
					\$0.00
					\$0.00
TOTAL EQUIPMENT					\$0.00

TRAVEL *(for Personnel paid through this grant)*

	Item			Request	Sub TOTAL
		<i>Miles</i>	<i>Mileage Rate</i>		
			\$0.42	\$0.00	\$0.00
					\$0.00
					\$0.00
TOTAL TRAVEL					\$0.00

SUPPLIES			
	Item Description		Sub TOTAL
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
TOTAL SUPPLIES			\$0.00

OTHER EXPENSES			
	Item Description	Request	Sub TOTAL
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
TOTAL OTHER EXPENSES			\$0.00

TOTAL DIRECT COSTS			\$0.00
TOTAL INDIRECT COSTS			\$0.00
	<i>Indirect Cost Calculation: 10% of Direct Cost</i>	Direct Cost	Rate
		\$0.00	10%

TOTAL REQUEST			5.35
TOTAL REQUEST			\$0.00

***Notes** (Use this section only if you need to explain a calculation or description on this worksheet. Do not type your budget justification in this box. Use the Budget Justification Form to provide that information.)

***Figures rounded cannot exceed line item.**