

GRANT BUDGET FORM*

Personnel Cost	Grant	Other Sources	Department	Personal	Total
Student: _____ hrs. @ _____ /hr					
Fringe Benefits: 3.9% of student costs					
Other Personnel (identify): _____					
Fringe Benefits: 31% of Other Costs, 17.4% in summer					
Total Personnel Costs					
Travel (indicate if <input checked="" type="radio"/> domestic or <input type="radio"/> foreign)	Grant	Other Sources	Department	Personal	Total
Airfare from					
Fringe Benefits: 0% of student costs					
Per diem _____ days @ _____ /day:					
Mileage _____ miles @ _____ /mile:					
Total Travel Costs					
Supplies (identify and give unit costs if know, use separate sheet if necessary)	Grant	Other Sources	Department	Personal	Total
_____ @ _____ each					
_____ @ _____ each					
_____ @ _____ each					
_____ @ _____ each					
_____ @ _____ each					
_____ @ _____ each					
Total Supplies					
Other Cost	Grant	Other Sources	Department	Personal	Total
Registration Fee					
Telephone					
Freight					
Postage _____ units @ _____ /unit					
Animal Care _____ days @ _____ /day					
Copier Costs _____ copies @ _____ /copy					
Machining _____ hours @ _____ /hour					
Other (identify) _____					
Total Other Costs					
Total Project Costs					

* Indicate if cost share contribution is provided by other sources (i.e. other grants or startup costs), your department or from personal sources.

The budget form is official. The categories listed are costs you will include in your project. Please use this form, taking care that the detail clearly identifies your needs and breaks out any source of cost sharing. By submitting this budget you are indicating approval by you department head for the expenditures of any listed departmental funds.