

Form 13424-J (September 2014)	Department of the Treasury - Internal Revenue Service <h2>Detailed Budget Worksheet</h2>	OMB Number 1545-1648
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Name of Low Income Taxpayer Clinic <div></div>	Grant Period From <div></div> To <div></div>
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Expense Categories	Federal	Match	Total
A. Personnel			
B. Fringe Benefits			
C. Travel			
D. Equipment			
E. Supplies			
F. Contractual			
G. Construction			
H. Other Expenses			
I. Total Direct Charges			
J. Indirect Charges			
K. Totals			

Detailed Budget Narrative Explanations

A. Personnel

B. Fringe Benefits

C. Travel

D. Equipment

E. Supplies

F. Contractual

Detailed Budget Narrative Explanations

G. Construction

H. Other Expenses

I. Total Direct Charges

J. Indirect Costs

Matching Funds