

## Budget Detail

### Salary Detail

Staff Title	Salary	% of Time	Total
A.			
B.			
C.			
D.			
<b>Total Amount Requested</b>			<b>\$</b>

### Personnel Benefit Detail

Position	Base Salary	FICA/ Medicare	Workers Comp	UI	Health Insurance	Life Insurance	Holiday/ Leave	Retirement	Total %	Total Fringe \$
A	\$									\$
B	\$									\$
C	\$									\$
D	\$									\$
<b>Total Fringe Requested</b>										<b>\$</b>

\*Enter each benefit as a % of base salary.

### Mileage Detail

# of Miles	Per Mile Charge	Total
		\$
<b>Total Mileage Requested</b>		<b>\$</b>

### Travel Detail

Amount	Detail/Explanation of Travel
\$	

**Direct Cost(s) Detail**

Line Item	Amount Requested
Materials & Supplies (Non-Training Related)	\$
Telephone	\$
Postage	\$
Rent	\$
Utilities	\$
Maintenance	\$
Bond	\$
Advertising	\$
Audit	\$
Other (Specify)	\$
Other (Specify)	\$
<b>Total Direct Costs</b>	<b>\$</b>

**Indirect Cost Detail**

%	Base Amount	Total
	\$	\$