

Illinois Nutrient Research & Education Council Budget Format

For Time Period of _____ to _____
(month) (year) (month) (year)

| <u>Categories</u> | <u>Items, Names or Activity</u> | <u>Amount</u> | <u>Subtotal</u> |
|--------------------------------|---------------------------------|---------------|-----------------|
| A. <u>Personnel</u> | | | |
| | 1. | | |
| | 2. | | |
| | 3. | | |
| | 4. | | |
| | Subtotal | | |
| B. <u>Fringe Benefits</u> | | | |
| | 1. | | |
| | 2. | | |
| | Subtotal | | |
| C. <u>Travel</u> | | | |
| | 1. | | |
| | 2. | | |
| | Subtotal | | |
| D. <u>Equipment</u> | | | |
| | 1. | | |
| | 2. | | |
| | 3. | | |
| | Subtotal | | |
| E. <u>Supplies</u> | | | |
| | 1. | | |
| | 2. | | |
| | 3. | | |
| | 4. | | |
| | Subtotal | | |
| F. <u>Contractual Services</u> | | | |
| | 1. | | |
| | 2. | | |
| | Subtotal | | |
| G. <u>Other</u> | | | |
| | 1. | | |
| | 2. | | |
| | Subtotal | | |
| H. <u>Indirect Charges</u> | | | |
| I. <u>Total Cost</u> | | | |