

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>			