

GRANT BUDGET INFORMATION WORKSHEET

In an effort to improve our voucher processing and our timeliness in getting new grant budgets into the accounting system, we are asking for your cooperation in filling out this budget form. Please indicate below with an "X" those line items you would foresee spending from during the term of your grant. (You are not limited to what you pick at this time. Other lines can be added if necessary.) Also indicate where the money should be budgeted by putting those dollar figures next to those categories in bold print. Please refer to your grant agreement. If there are no restrictions from the grantor, all money can be budgeted in the "General" category.

Fiscal Agent Name _____ Name of Grant _____

Datatel No. _____ RSP No. _____

<p>GENERAL \$ _____</p> <p>TRAVEL \$ _____</p> <p>____ ISU Garage</p> <p>____ Travel-Employee</p> <p>____ Travel-Non-Employee</p> <p>EQUIPMENT \$ _____</p> <p>____ Equipment >\$100-<\$500</p> <p>____ Equipment > \$500</p> <p>PARTICIPANT SUPPORT \$ _____</p> <p>____ Stipends</p> <p>____ Travel</p> <p>____ Subsistence</p> <p>____ Other</p> <p>SUBCONTRACTS \$ _____</p> <p>____ Subcontract <\$25,000</p> <p>____ Subcontract >\$25,000</p>	<p>PERSONAL SERVICES \$ _____</p> <p>____ Faculty Salary</p> <p>____ A/P Salary</p> <p>____ C/S Salary</p> <p>____ Student Help</p> <p>____ Grad Assts.</p> <p>COMMODITIES \$ _____</p> <p>____ ISU Printing</p> <p>____ Instructional Supplies</p> <p>____ Office Supplies</p> <p>____ Office Supplies -Prime Vendor</p> <p>____ Lab Supplies</p> <p>____ Educ. & Training Material</p> <p>____ Supplies-Other</p> <p>____ Food/Drink</p> <p>____ Food Supplies</p> <p>____ (other)</p> <p>AWARDS & GRANTS \$ _____</p> <p>____ Awards & Grants</p>	<p>FRINGE BENEFITS \$ _____</p> <p>____ Medicare</p> <p>____ Insurance</p> <p>____ Retirement</p> <p>CONTRACTUAL \$ _____</p> <p>____ Consultants</p> <p>____ Catering ** see back for details and Dean approval</p> <p>____ ISU Postage</p> <p>____ ISU Telecomm</p> <p>____ Repairs</p> <p>____ Memberships/Dues</p> <p>____ Subscriptions</p> <p>____ Registrations</p> <p>____ Meals ** see back for details and Dean approval</p> <p>____ Software</p> <p>____ (other)</p> <p>INDIRECT COSTS \$ _____</p> <p>____ Indirect Costs</p>
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Thank you for your cooperation. When this form is complete, please forward to Michele Wilson (438-5736) or Lisa Haas (438-2267) at Campus Box 1200. If the form is not received, the entry of budgets and/or voucher processing may be delayed.