

**SAMPLE PROGRAM BUDGET
2021 Michigan Trauma System
Development Project**

*View at 100% or Larger
Use WHOLE DOLLARS Only*

PROGRAM			DATE PREPARED		Page 1 Of 1
GRANTEE NAME			BUDGET PERIOD From: To:		
MAILING ADDRESS (Number and Street)			BUDGET AGREEMENT <input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/>		
CITY	STATE	ZIP CODE	FEDERAL ID NUMBER		
EXPENDITURE CATEGORY				TOTAL BUDGET	
1. SALARIES & WAGES					
2. FRINGE BENEFITS					
3. TRAVEL					
4. SUPPLIES & MATERIALS					
5. CONTRACTUAL					
6. EQUIPMENT					
7. OTHER EXPENSES					
8. TOTAL DIRECT EXPENDITURES <small>(Sum of Lines 1-7)</small>					
9. INDIRECT COSTS: Rate #1 %					
INDIRECT COSTS: Rate #2 %					
10. TOTAL EXPENDITURES					

SOURCE OF FUNDS

16. TOTAL FUNDING				