## REIMBURSED ACTIVITY PROJECT
### PROPOSED BUDGET

<table>
<thead>
<tr>
<th>Item</th>
<th>Date</th>
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<tbody>
<tr>
<td>No.</td>
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</table>

1. Grant No. ____________  
2. Spon. Prog. No. ____________  
3. Project Title ____________

<table>
<thead>
<tr>
<th>Budget Line Item</th>
<th>Account Code</th>
<th>FY _____ Budget Allotment</th>
<th>FY _____ Budget Allotment</th>
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### Personal Services

5. **Personal Services**

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<tr>
<td>6. 3010 1st Qtr</td>
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<tr>
<td>7. 3060 Temporary Help Blkt. 905</td>
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<tr>
<td>8. 3100 Student Asst. Blkt. 906</td>
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<td>9. 3310 Part-time Fac. Blkt. 911</td>
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11.  

12. 3700 Staff Benefits

13. **Total Personal Services**

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### Operating Expenses and Equipment

14. **Operating Expenses and Equipment**

15. 4500 Supplies (3 Digit Code: _____)

16. **Total Operating Expenses and Equipment**

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17. **Total Project**

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18. **Total Reimbursement/Revenue**

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Project approved by __________________________  
Requestor’s Signature __________________________  
Date __________________________  
Ext. # __________________________