

Program Director/Principal Investigator (Last, First, Middle): _____

**SIU School of Medicine DETAILED BUDGET
DIRECT COSTS FOR INITIAL BUDGET PERIOD ONLY**

FROM THROUGH

List PERSONNEL (*SIUSOM only*) **Faculty salaries are not allowed.**
 Use Cal, Acad, or Summer to Enter Months Devoted to Project
 Enter Dollar Amounts Requested (*omit cents*) for Salary Requested and Fringe Benefits

NAME	ROLE ON PROJECT	Cal. Mths	Acad. Mths	Summer Mths	INST. BASE SALARY	SALARY REQUESTED	FRINGE BENEFITS	TOTAL
	PD/PI					0	0	0
PERSONNEL SUBTOTALS								

		DETAILED COSTS	AUTO FILL SUBTOTALS
SUPPLIES (<i>itemized by category</i>)			0
CONTRACTUAL (<i>limited to \$2,000 maximum</i>)			0
CONSULTANT COSTS			0
TRAVEL (<i>limited to travel between investigators' campuses</i>)			0
PATIENT CARE COSTS	INPATIENT OUTPATIENT		0
CONSORTIUM/SUBCONTRACT DIRECT COSTS (<i>List indirect costs below SUBTOTAL DIRECT COSTS</i>)			0
OTHER / MISCELLANEOUS COSTS (<i>limited to \$2,000 maximum</i>)			0
SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD FOR SIUSOM			\$0.00
CONSORTIUM/SUBCONTRACT INDIRECT COSTS (<i>FACILITIES AND ADMINISTRATIVE COSTS</i>)			
TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD FOR SIUSOM			\$0.00