

# Detailed Budget Worksheet

Name of Low Income Taxpayer Clinic

Grant Period

From

To

Expense Categories	Federal	Match	Total
A. Personnel			
B. Fringe Benefits			
C. Travel			
D. Equipment			
E. Supplies			
F. Contractual			
G. Construction			
H. Other Expenses			
I. Total Direct Charges			
J. Indirect Charges			
K. Totals			

**Detailed Budget Narrative Explanations**

A. Personnel

[Redacted area for Personnel]

B. Fringe Benefits

[Redacted area for Fringe Benefits]

C. Travel

[Redacted area for Travel]

D. Equipment

[Redacted area for Equipment]

E. Supplies

[Redacted area for Supplies]

F. Contractual

[Redacted area for Contractual]

**Detailed Budget Narrative Explanations**

G. Construction

H. Other Expenses

I. Total Direct Charges

J. Indirect Costs

Matching Funds