

BUDGET ESTIMATE FORM

Please fill out the following estimated budget for your Clinic project and turn it in to Lorena González by Friday, October 2, 2015. Be sure to go over your budget and justification with your faculty advisor and have it signed before turning it in.

Clinic Sponsor _____

Team Leader _____

Team Leader's Email _____ Phone: _____

Clinic Advisor's Approval _____

Estimated Costs:

Travel \$ _____

Equipment & Supplies \$ _____

Discretionary (fixed) \$ 250.00

Total Estimated Cost \$ _____

Please attach a justification of your budget on a separate sheet of paper.

Travel Expense Estimation Hints

Air travel: 3-week advanced purchase ticket prices
Hotel: double occupancy, prices vary with location
Rental Van: \$100/day (varies)
ONT Parking: \$13/day
Meals: varies