

## BUDGET ESTIMATE FORM

Please fill out the following estimated budget for your Clinic project and turn it in to Lorena González by Friday, October 1, 2010. 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) \$ \_\_\_\_\_

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