

# Detailed Expenditure Justification

Project Name: \_\_\_\_\_

Department: \_\_\_\_\_

Prepared By: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Fiscal Year: \_\_\_\_\_

## 1. Summary of Requested Budget

Category	Amount Requested	Remarks
Personnel	_____	_____
Equipment	_____	_____
Supplies	_____	_____
Travel	_____	_____
Other	_____	_____
<b>Total</b>	_____	_____

## 2. Detailed Justification for Each Budget Category

### a) Personnel

- Role/Title: \_\_\_\_\_
- Number of personnel: \_\_\_\_\_
- Duration: \_\_\_\_\_
- Calculation (rate x time): \_\_\_\_\_
- Justification: \_\_\_\_\_

### b) Equipment

- Item Description: \_\_\_\_\_
- Quantity: \_\_\_\_\_
- Unit Cost: \_\_\_\_\_
- Total: \_\_\_\_\_
- Purpose/Justification: \_\_\_\_\_

### c) Supplies

- Item Description: \_\_\_\_\_
- Quantity: \_\_\_\_\_
- Unit Cost: \_\_\_\_\_
- Total: \_\_\_\_\_
- Purpose/Justification: \_\_\_\_\_

### d) Travel

- Destination: \_\_\_\_\_
- No. of Persons: \_\_\_\_\_
- Purpose: \_\_\_\_\_
- Estimated Cost: \_\_\_\_\_
- Justification: \_\_\_\_\_

### e) Other

- Item/Service: \_\_\_\_\_
- Cost: \_\_\_\_\_

- Purpose/Justification: \_\_\_\_\_

### **3. Additional Comments/Notes**

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#### **Important Notes**

- All costs must be clearly justified and directly related to project objectives.
- Supporting documents for major expenditures may be required for approval.
- Ensure all budget calculations are accurate and transparent.
- Review organization or funding agency policies for allowable and non-allowable expenses.
- This document should be reviewed and approved by authorized personnel before submission.