Print Form

Wisconsin Environmental Education Board
WEEB 2 (Rev. 9/07)

Use reverse or additional sheet, if necessary.

BUDGET SUMMARY

Administering Organization	Project Director			Telephone Area/No.
Budget Category Expense	**Project Activity**	**Grant Request** Round each item to whole dollars	**Match** Round each item to whole dollars	**Match Type** (i.e., monetary, service, or supplies) & **Source of Match**
Salary/Honoraria (Name or Position) (Rate & time period)	Activity			
Fringe Benefits (Name or Position) (Rate & Percentage of salary)	Activity			
Travel (mileage, lodging, meals) (Name or no. of people) (Rate & distance, charge)	Activity			
Materials/Supplies (Be specific. Identify & quantify items.) **Non-Capital Items:** **Capital Items:**	Activity			
Other	Activity			
TOTAL		**Total Request** $ .00	**Total Match** $ .00	