



# Budget Report

**PROTOCOL NO:** \_\_\_\_\_  
**PROTOCOL TITLE:** \_\_\_\_\_  
**PRINCIPAL INVESTIGATOR:** \_\_\_\_\_

Please insert additional rows as required as per your initial budget submission.

		Budget \$	Expenditure to 31/12/20__ \$	Expenditure to End of Project \$
<b>1. Personnel</b>	<b>Salary Rate</b>			
		\$	\$	\$
<b>Subtotal</b>		\$	\$	\$
<b>2. Equipment and Consumables</b>				
		\$	\$	\$
<b>Subtotal</b>		\$	\$	\$
<b>3. Travel and accommodation</b>				
		\$	\$	\$
<b>Subtotal</b>		\$	\$	\$
<b>TOTAL</b>		\$	\$	\$

Please note that any unexpended funds are to be returned to the Toowoomba Hospital Foundation at the End of Project.

\_\_\_\_\_  
Signature of Principal Investigator

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