

# **SAMPLE PROGRAM BUDGET FORMAT**

Date:

Fiscal Year Ends:

\$ THOUSANDS

FYE

200

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## **SUPPORT & REVENUE**

List sources of revenue designated  
for this specific program.

TOTAL REVENUE

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## **EXPENSES\***

Wages & Related Costs

Professional Fees

Equipment

Materials and Supplies

Travel

Food

Administration

Other

TOTAL EXPENSES

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Net Surplus/(Deficit)

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\*As a rule, items listed in the expenses category should be those that make up more than 10% of total organizational or program expenses.