BUDGET TEMPLATE

Country:	
Disease/Intervention:	
Implementer	
Target Area/Counties	
DURATION	
	*

vity de	DESCRIPTION	EXPENDITURE	Unit of	No. of units	No. days	Unit rate (Kshs)	No. of sessions	Total Costs					2018					TOTALS
•			measure						April	May	June	July	August	September	October	November	December	
	Activity 1			,														
	Activity 2	SUB TOTAL																
	Activity 2	T			1	-	1							_				
																		_
		SUB TOTAL																
	PROJECT ACTIVITIES SUB TOTAL SR Administrative Costs																	
					I		I											
	Monitoring and evaluation																	
																		_
		SUB TOTAL																_
	Overheads																	_
																		_
																		_
		SUB TOTAL																-
																		-
	Staff Salaries																	_
		SUB TOTAL												+				_
																		-
		ADMIN SUB TOTAL	_		-	-			-		_			_			_	-