

# MCG Health, Inc. Internal Budget Form

Project Title:

Principal Investigator:

Co-Investigators:

School/Unit:

Primary Acad. Department:

Center/Institute:

Sponsoring Company:

Amount funded:

Project Period from

to

Number of Months:

Number of Subjects:

**I. Patient Care**

Study Location:

Patient Services	CPT	P R N	No. of Services per Patient	No. of Patients Receiving Services	Item Charge	Total Charges	Funding Source	Covered Amt. by Fund Source (%)
		<input type="checkbox"/>						
		<input type="checkbox"/>						
		<input type="checkbox"/>						
		<input type="checkbox"/>						
		<input type="checkbox"/>						
		<input type="checkbox"/>						
		<input type="checkbox"/>						

**Total Charge:**

**Billable Cost:**

Comments/Special Requirements (off hours/weekend staffing, etc.):

**II. MCGHI Personnel**

Personnel	Role on Proj	Total MCGHI Salary	% of Effort	Grant Salary	Fringe	Total	Funding Source	Covered Amt. by Fund Source (%)
<b>TOTALS</b>								

**III. Other Costs**

Supplies (Itemize)	
Equipment (Itemize)	
Pharmacy Management Fee	
Pharmacy Management Fee/Additional Years	
Pharmacy Dispensing Fee	
	<b>TOTAL</b>

**MCGHI BUDGET TOTAL:**

**SIGNATURES:**

**Preparer:**

**Principal Investigator:**

**Co-Investigator:**

**Co-Investigator:**

**Co-Investigator:**

**Co-Investigator:**

**Co-Investigator:**

**Co-Investigator:**

**Department Chair:**

**Dean of School:**

**Submitted to MCGHI on:**

