



CENTERS OF EXCELLENCE

DETAILED BUDGET OF THE 2020 PROJECT

COSTS AND INCOMES PER CATEGORY

Name of the Leading Center¹:

Host University:

Name of the project:

Here are listed suggestions, there are no mandatory fields.

| Item | Unit | Unit rate / cost | Total Costs |
|--|------|------------------|-------------|
| 1. Actions (conferences, seminars...) | | | |
| <i>Honoraria</i> | | | \$ |
| <i>Conference Rooms</i> | | | \$ |
| <i>Catering</i> | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| Subtotal Actions | | | \$ |

| | | | |
|--|--|--|----|
| 2. Equipment and supplies | | | |
| <i>Furniture, computer equipment</i> | | | \$ |
| <i>Machines, tools... linked with the action</i> | | | \$ |
| <i>Other (please specify)</i> | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| Subtotal Equipment and supplies | | | \$ |

| | | | |
|--|--|--|----|
| 3. Communication publication | | | |
| <i>Publications</i> | | | \$ |
| <i>Printing</i> | | | \$ |
| <i>Translation costs</i> | | | \$ |
| <i>Other communication tools (poster, leaflet, internet)</i> | | | \$ |
| | | | \$ |
| | | | \$ |
| Subtotal Communication | | | \$ |

¹ Name of the Center or of the Consortium as indicated in the Annual Agreement

| | | | |
|------------------------------------|--|--|-----------|
| 4. Travel | | | |
| Outgoing travel (per flight) | | | \$ |
| Incoming travel (per flight) | | | \$ |
| Local transportation (per month) | | | \$ |
| Per diems | | | |
| - Outgoing participants (per diem) | | | \$ |
| - Incoming participants (per diem) | | | \$ |
| Subtotal Travel | | | \$ |

| | | | |
|--|--|--|-----------|
| 5. Local office (exceptional costs in link with the action) | | | |
| Vehicle costs (per month) | | | \$ |
| Consumables - office supplies (per month) | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| Subtotal Local office | | | \$ |

| | | | |
|--|--|--|-----------|
| 6. Staff costs (regular salary is not eligible) | | | |
| Student internships (per month) | | | \$ |
| Temporary workers (per month) | | | \$ |
| | | | \$ |
| | | | \$ |
| Subtotal Staff | | | \$ |

| | | | |
|---------------------------------------|--|--|-----------|
| 7. Other costs, services | | | |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| Subtotal Other costs, services | | | \$ |

| | |
|----------------------------------|--|
| TOTAL Cost of the project | |
|----------------------------------|--|

Please, list below your other funding sources for this project.

| | |
|--|----|
| External funding sources or direct revenue from the project | |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |

| | |
|-------------------------------------|--|
| TOTAL Income for the project | |
|-------------------------------------|--|