Chicago State University

ME M O R A N D U M

Office of Sponsored Programs
Cook Administration Building – 303
773.995.3598*Fax 773.995.2490

Detailed Grant/Contract Personnel Services Budget Form

Grant/Contract Account Number:	
Grant/Contract Account Name:	
Grant/Contract Funding Period:	

DETAILED GRANT/CONTRACT PERSONNEL SERVICES BUDGET FOR: FY_____

A separate detailed grant/contract personal services budget firm is required for each fiscal year. (July through June 30) that the grant/contract covers. Revisions should be submitted as necessary and so noted.

Names (if known) or blank	Position Tiitle	Months of APPT*	% Time if less than 100%	Montly Salary	Total Budgetd Salary or Lump Sum Payment	Hiring Form Processed Date

***IF APPLICABLE**
PLEASE LIST POSITIONS FOR EXTRA HELP PERSONNEL