

Program Design

Time	Activity	Materials Needed	Person-in-Charge

Breakdown of Expenses

Item	Unit Price	Total Price	Justification

Total Expenses

Source/s of Funds:

Projected Income:

Prepared by:

(Full Name, Signature and Date Signed)
Project Head

Noted by:

(Full Name, Signature and Date Signed)
Editor in Chief

Received by:

(Full Name, Signature and Date Signed)
SMO Representative