Republic of the Philippines
CAVITE STATE UNIVERSITY
Don Severino delas Alas Campus
Indang, Cavite

RESEARCH CENTER

LINE-ITEM BUDGET FORM

Project Title :

Project Duration *(Number of months)* **:**

Implementing Unit *(College/Campus/Center)* **:**

Project Leader :

ITEMS	Year 1					Year 2	Year n	TOTAL
	Q1	Q2	Q3	Q4	Y1 Total			
I. Maintenance & Other Operating Expenses (MOOE)								
1. Supplies and Materials								
a. Laboratory Supplies and Chemicals								
b. Agricultural Supplies								
c. Office Supplies								
2. Gasoline, oil and lubricants								
3. Traveling Expenses - Local								
4. Communication expenses								
5. Training expenses								

6. Repairs and Maintenance								
7. Other professional services								
8. Subscription expenses								
9. Publication expenses								
10. Others (please specify)								
Sub-total for MOOE								
II. Equipment Outlay (EO)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sub-total for EO								
GRAND TOTAL								

Prepared by:

Project Leader

Date:

Recommending Approval:

Dean/Administrator/Director

Date:

Approved by:

Director, Research Center

Date: