

**Joint Admission Medical Program
Medical School Administration
FY 2019 Proposed Budget**

Institution Name _____
Council Member _____

Date _____
Phone Number _____

Income	
FY 2019 JAMP Distribution	
Total Income	
Expenses	
Salaries – Professional ¹	
Salaries – Faculty ¹	
Salaries – Classified ¹	
Wages – Student	
Other Personnel Costs/Contract Services	
Fringe Benefits	
Maintenance & Operations	
Computer Purchases ²	
Equipment Purchases ³	
Capital Expenditures ⁴	
Travel	
Other (must specify) ⁵	
Total Expenses	

Certification:

By signing this document, I certify, to the best of my knowledge and belief, that this report is correct and that all funds will be used for the purposes set forth in the Agreement executed with the JAMP Council.

JAMP Council Member (Signature)

Date

JAMP Council Member (Print name)

Email address

Second Signature (Required)

Date

Second Signature (Print Name and Title)

Email address

The second signature must be that of the institution's officer responsible for accountability of JAMP funds. This may be a vice president, controller, director/manager of contracts and grants, or other business officer directly responsible for funds, other than the JAMP faculty director.

JAMP OFFICE USE ONLY

Proposed Budget Approved: _____
JAMP Director's Signature Date

¹ Salaries-Budget must include the name(s), position and percentage of salary for anyone funded with JAMP funds.
² JAMP requires that all computer purchases adhere to institutional policy for the purchase of computer equipment.
³ JAMP requires a list of any planned equipment purchases with a value of \$250 or higher.
⁴ JAMP defines capital expenditures as items of physical improvement, such as classroom, resource room, lab.
⁵ The category "Other" should be used when no other category applies and a description must be provided.