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RFP #:

BUDGET FORM

RESPONDENT NAME	
\$	
TOTAL BUDGET AMOUNT	

Qty Price Hourly Rate Total	I. SAL	ARIES & WAGES				
Other:		Direct Staff – Name & Title		Hourly Rate		
3 Other:	1	Medical Physicist				
Subcontractors – Name & Title 1 Program Director 2 Other: 3 Other: 4 Other: 5 Subtotal Subcontractor Salaries Subtotal Subcontractor Salaries SALARY TOTALS II. DIRECT COSTS Qty Price Hourly Rate 1 Equipment Inspection 2 Room Inspection 3 Equipment Calibration 4 Reports Subtotal Direct Costs II. INDIRECT COSTS Qty Price Hourly Rate Total Mileage Per Staff: (list staff below) Mileage Per Staff: (list staff below) Subtotal Indirect Costs Subtotal Indirect Costs	2					
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2 3 4 Subtotal Indirect Costs			Qty	Price	_	Total
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4 Subtotal Indirect Costs	2					
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