

**Joint Admission Medical Program  
FY 2010 Proposed Budget  
Medical School**

**Institution** \_\_\_\_\_  
**Council Member** \_\_\_\_\_

**Date** \_\_\_\_\_  
**Phone Number** \_\_\_\_\_

<b>Income</b>	
FY 2010 JAMP Distribution	
Total Income	
<b>Expenses</b>	
Salaries – Professional	
Salaries – Faculty	
Salaries – Classified	
Wages – Student (non-participant)	
Other Personnel Costs/Contract Services	
Fringe Benefits	
Maintenance & Operations	
Computer Purchases <sup>1</sup>	
Equipment Purchases <sup>2</sup>	
Capital Expenditures <sup>3</sup>	
Travel	
Other (must specify) <sup>4</sup>	
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

<sup>1</sup> JAMP requires that all computer purchases adhere to institutional policy for the purchase of computer equipment.

<sup>2</sup> JAMP requires a list of any planned equipment purchases with a value of \$250 or higher.

<sup>3</sup> JAMP defines capital expenditures as items of physical improvement, such as classroom, resource room, lab.

<sup>4</sup> The category "Other" should be used when no other category applies.