HUNGER-FREE
CAMPUS PROGRAM

BUDGET JUSTIFICATION

INSTITUTION NAME:	
ACADEMIC YEAR:	

EXPENDITURES

Provide a line item and cost for expenditures. Add lines as needed.

ITEM	BRIEF DESCRIPTION	AMOUNT
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
SUB-TOTAL		$
TOTAL EXPENSES		$

ADDITIONAL INFORMATION

Signature of Authorized Institutional Financial Representative:

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