

**NEW YORK STATE DEPARTMENT OF HEALTH
PROJECT MANAGEMENT OFFICE**

PROJECT BUDGET

<i>Purpose:</i>	<p><i>Outline the known and estimated costs of the project from initiation to project completion. Typically does not include costs beyond the completion of the project, but may identify any maintenance or transition costs associated with the project that will be incurred after the Closeout Phase.</i></p> <p><i>A “baseline” budget can be created by saving a baseline version of the Project Budget at the end of the Planning Phase of your project. If left unedited, the baseline version can be used for future comparisons with your working Project Budget document.</i></p>
<i>Target Audience:</i>	<i>Project Sponsor, Project Manager, Project Director and appropriate financial personnel in the organization.</i>

PROJECT IDENTIFICATION
Project Name:
Project Sponsor:
Project Director:
Project Manager:
Date:

DOCUMENT HISTORY		
Revision <i>(Briefly describe the revision.)</i>	Author	Revision Date

BUDGET INFORMATION <i>Use the tasks outlined in the High Level Schedule to identify any additional known costs (e.g. Equipment, Personal Services, Software, etc.)</i>						
Project Origination						
Timeframe / Task	Personal Services	Equipment/ Supplies Cost	Travel Cost	Other Cost	Total Cost	Planned Date of Expenditure
Total for Phase						
Project Initiation						
Timeframe / Task	Personal Services	Equipment/ Supplies Cost	Travel Cost	Other Cost	Total Cost	Planned Date of Expenditure

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Total for Phase						
Project Planning						
Timeframe / Task	Personal Services	Equipment/ Supplies Cost	Travel Cost	Other Cost	Total Cost	Planned Date of Expenditure
Total for Phase						
Project Execution and Control						
Timeframe / Task	Personal Services	Equipment/ Supplies Cost	Travel Cost	Other Cost	Total Cost	Planned Date of Expenditure
Total for Phase						
Project Closeout						
Timeframe / Task	Personal Services	Equipment/ Supplies Cost	Travel Cost	Other Cost	Total Cost	Planned Date of Expenditure
Total for Phase						
TOTAL Budget						

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COMMENTS: *(list any assumptions pertaining to the costs entered above)*

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