



The Transplantation Society and
the International Liver Transplantation Society

Paired Transplant Centers Program



BUDGET FORM

SUPPORTING CENTER NAME:

SUPPORTING CENTER COUNTRY:

EMERGING CENTER NAME:

EMERGING CENTER COUNTRY:

In order to achieve the 3 objectives you defined in your application form, which activities (visits & projects) do you plan to take in the coming two years? Please be as precise as possible.

PROJECTS

PROJECTED BUDGETS FOR PROJECTS 1ST YEAR

PROJECT 1:

NAME OF PROJECT:

STARTING DATE:

GENERAL DESCRIPTION OF ACTIVITIES:

PROJECT DETAILS

LIST OF PROJECTED COSTS:

TOTAL COST (USD):

COMMENTS

PROJECT 2:

NAME OF PROJECT:

STARTING DATE:

GENERAL DESCRIPTION OF ACTIVITIES:

PROJECT DETAILS

LIST OF PROJECTED COSTS:

TOTAL COST (USD):

COMMENTS

PROJECT 3:

NAME OF PROJECT:

STARTING DATE:

GENERAL DESCRIPTION OF ACTIVITIES:

■ PROJECT DETAILS

LIST OF PROJECTED COSTS:

TOTAL COST (USD):

COMMENTS

■ PROJECTED BUDGETS FOR PROJECTS 2ND YEAR

PROJECT 1:

NAME OF PROJECT:

STARTING DATE:

GENERAL DESCRIPTION OF ACTIVITIES:

■ PROJECT DETAILS

LIST OF PROJECTED COSTS:

TOTAL COST (USD):

COMMENTS

PROJECT 2:

NAME OF PROJECT:

STARTING DATE:

GENERAL DESCRIPTION OF ACTIVITIES:

■ PROJECT DETAILS

LIST OF PROJECTED COSTS:

TOTAL COST (USD):

COMMENTS

PROJECT 3:

NAME OF PROJECT:

STARTING DATE:

GENERAL DESCRIPTION OF ACTIVITIES:

■ PROJECT DETAILS

LIST OF PROJECTED COSTS:

TOTAL COST (USD):

COMMENTS

VISITS - MULTIDISCIPLINARY TRAINING EXCHANGES BETWEEN CENTERS

PROJECTED BUDGETS FOR VISITS FROM SUPPORTING CENTER TO EMERGING CENTER

Please provide a general description of the planned visit(s) from SC to EC and how this/these would help meet the objectives defined in your application form.

VISIT 1:

NAME(S) OF VISITOR(S) AND PROFESSION:

YEAR: 1 OR 2

STARTING DATE:

DURATION IN WEEKS:

TRAVEL COSTS:

ACCOMMODATION COSTS:

TOTAL COST (USD):

VISIT 2:

NAME(S) OF VISITOR(S) AND PROFESSION:

YEAR: 1 OR 2

STARTING DATE:

DURATION IN WEEKS:

TRAVEL COSTS:

ACCOMMODATION COSTS:

TOTAL COST (USD):

VISIT 3:

NAME(S) OF VISITOR(S) AND PROFESSION:

YEAR: 1 OR 2

STARTING DATE:

DURATION IN WEEKS:

TRAVEL COSTS:

ACCOMMODATION COSTS:

TOTAL COST (USD):

PROJECTED BUDGETS FOR VISITS FROM EMERGING CENTER TO SUPPORTING CENTER

Please provide a general description of the planned visit(s) from EC to SC and how this/these would help meet the objectives defined in your application form.

VISIT 1:

NAME(S) OF VISITOR(S) AND PROFESSION:

YEAR: 1 OR 2

STARTING DATE:

DURATION IN WEEKS:

TRAVEL COSTS:

ACCOMMODATION COSTS:

TOTAL COST (USD):

VISIT 2:

NAME(S) OF VISITOR(S) AND PROFESSION:

YEAR: 1 OR 2

STARTING DATE:

DURATION IN WEEKS:

TRAVEL COSTS:

ACCOMMODATION COSTS:

TOTAL COST (USD):

VISIT 3:

NAME(S) OF VISITOR(S) AND PROFESSION:

YEAR: 1 OR 2

STARTING DATE:

DURATION IN WEEKS:

TRAVEL COSTS:

ACCOMMODATION COSTS:

TOTAL COST (USD):

TOTAL COSTS

TOTAL COSTS PROJECTS:

TOTAL COSTS VISITS:

SIGNATURES

EMERGING CENTER LIAISON OFFICER SIGNATURE

SUPPORTING CENTER LIAISON OFFICER SIGNATURE
