

SECTION III

BUDGET FOR DEPENDENTS

<p>Indicate cost of the following items per month (Budgeted amounts should be based on cost of living estimates for your host university. Please consult your coordinator for this information.)</p>	
HOUSING:	
UTILITIES:	
FOOD:	
CLOTHING:	
LOCAL TRANSPORTATION:	
CHILD CARE/SCHOOL EXPENSES FOR CHILDREN (if applicable):	
(A) ONE MONTH'S TOTAL EXPENSES:	
(B) NUMBER OF MONTHS OF DEPENDENTS' STAY:	
SUBTOTAL (A x B):	
MEDICAL INSURANCE (for all dependents) (total premium + deductible per person)	
RETURN TRAVEL AIR TICKETS:	(\$_____ per ticket X no. of dependents)
GRAND TOTAL (SUBTOTAL + INSURANCE + TICKETS):	

Source of funds: _____

(Please attach proof of funds: bank statement, letter from financial institution certifying funds or other verification approved by IIE. Please also attach internet estimate verifying return air ticket expense as budgeted.)

(please see next page)

SECTION IV SIGNATURES

- **By my signature below, I certify that the information provided above is accurate to the best of my knowledge. Further, I agree to provide return air tickets for any J-2 dependents who join me in the United States during the Humphrey Year.**

Signature of Fellow: _____ Date: _____

- **By my signature below, I approve the presented request and I verify that the budget accurately reflects cost of living.**

Signature of University Coordinator: _____ Date: _____