



Local mandate: Budget

Name consultant/company: Intended duration of mandate:

from: to:

				Total
Code Function/ Designation	Price/ Unit	Unit	Quantity	Costs
1 Remuneration Consultants				
Consultant 1		hour(s)		0.00
		day(s)		0.00
Consultant 2		hour(s)		0.00
		day(s)		0.00
Consultant 3		hour(s)		0.00
		day(s)		0.00
Total remuneration consultants				0.00
2 Travel, accommodation and other (effective costs)				
Travel		trip		0.00
Accommodation		day		0.00
Other reimbursables		day		0.00
				0.00
				0.00
Total travel expense				0.00
3 Other costs				
				0.00
				0.00
				0.00
Total other costs				0.00
TOTAL COSTS	<i>(SAP number: 363 200 2170)</i>			0.00