

Office of Research and Sponsored Programs

CENTER FOR EXCELLENCE FOR FACULTY/STUDENT RESEARCH COLLABORATION

Budget Items	Research & Sponsored Programs	College/ Administrative Unit	Department/ Administrative Unit	Other*	TOTAL
Faculty Stipend (Summer Only)					
Student Stipend					
Project Travel					
Supplies					
TOTAL					

TOTAL PROJECT COST: _____

*Specify sources of "other" funds listed above: _____

Indicate the Department account number that funds are to be transferred to if an award is made:

102- _____

If available, would you consider adding a: (1) BluGold Fellow to this project? Yes No

(2) Diversity Mentoring Program student to this project? Yes No

BUDGET EXPLANATION

All expenses must be explained and clearly related to the purposed project.

Attach additional page if needed.

Faculty Stipend:

STUDENT STIPEND

Name(s): _____ Undergraduate Graduate

_____ Undergraduate Graduate

_____ Undergraduate Graduate

Wage Rate: _____ Hours Planned for Project: _____

TOTAL WAGES: _____

PROJECT TRAVEL

Mileage/Air Fare: _____

Room: _____

Board: _____

TOTAL TRAVEL: _____

SUPPLIES: _____