

Office of Research and Sponsored Programs

RESEARCH AND SCHOLARLY ACTIVITY SUPPORT PROGRAMS BUDGET REQUEST

Replacement/Time Reassignment Request (URCA ONLY)

Fall Semester Number of Credits: _____

Spring Semester Number of Credits: _____

Budget Items	Research & Sponsored Programs	College/ Administrative Unit	Department/ Administrative Unit	Other*	TOTAL
Faculty/Staff Stipend (URCA and Summer Extramural Grant Development Only)					
Student Stipend					
Tuition/Registration					
Project Travel					
Supplies					
Consultant					
TOTAL					

TOTAL PROJECT COST: _____

*Specify "other" sources of funding: _____

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

102- _____

BUDGET EXPLANATION

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

Attach additional page if needed.

FACULTY/STAFF STIPEND (URCA and Summer Extramural Grant Development Only): _____

STUDENT ASSISTANCE

Name(s): _____ Undergraduate Graduate

_____ Undergraduate Graduate

Wage Rate: _____ Hours Planned: _____ **TOTAL WAGES:** _____

TUITION/REGISTRATION: _____

PROJECTED TRAVEL

Mileage/Air Fare: _____

Room: _____

Board: _____

TOTAL TRAVEL: _____

SUPPLIES: _____

CONSULTANT: _____