

Office of Research and Sponsored Programs

RESEARCH, SCHOLARLY AND CREATIVE ACTIVITY SUPPORT PROGRAMS BUDGET REQUEST

Budget Items	Research & Sponsored Programs	College/ Administrative Unit	Department/ Administrative Unit	Other*	TOTAL
Project Travel					
Supplies					
Undergraduate Student Stipend					
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.**

PROJECTED TRAVEL

Mileage/Air Fare: _____

Room: _____

Board: _____

Registration: _____

TOTAL TRAVEL: _____

SUPPLIES: _____

UNDERGRADUATE STUDENT ASSISTANCE

Name(s): _____

Wage Rate: _____

Hours Planned: _____

TOTAL WAGES: _____