



## University Student Academic Research Award Itemized Budget Request

Name:

Semester:

Travel: (Provide Purpose, Date of Travel, and Conference Name):

TOTALS								
1) Registration:							\$0	
2) Air Fare:							\$0	
3) Taxi/Shuttle:							\$0	
4) Mileage:	@ 67 cents/mile						\$0	
5) Tolls:							\$0	
	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	
6) Hotel Room:								\$0
7) MEALS NOT CURRENTLY FUNDING								
Breakfast (Max Per diem: \$15)								
Lunch (Max Per diem: \$18)								
Dinner (Max Per diem: \$30)								
8) Miscellaneous (List):								\$0
Presentation/Duplication Costs: (Purpose and number of copies )					# Copies	Cost		
							\$0	
							\$0	
							\$0	
							\$0	
Supplies & Materials for Research: (List vendors name, catalog item number, catalog description, item cost, and shipping). If more room is needed, use back of this form.								
Vendor Name	Cat #	Catalog Description			Quantity	Cost		
1)							\$0	
2)							\$0	
3)							\$0	
4)							\$0	
5)							\$0	
6)							\$0	
7)							\$0	
GRAND TOTAL OF BUDGET REQUESTED							\$0	

Student Signature

Date

Please send proposal, application, and itemized budget to USARA Selection Committee,  
via e-mail to Donna Knopf, Graduate Studies and Research - [drknopf@salisbury.edu](mailto:drknopf@salisbury.edu)