



# 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)