

Millersville University Student Research Grant Program

BUDGET REQUEST FORM

Name _____ MU# _____

Please itemize **all** costs below. Include unit costs and be as specific as possible, e.g., 16 tapes x \$10.00 each = \$160.00. If you are applying for funds from other sources, please identify them in the second column. An additional page may be attached as needed. The total amount requested from the grant cannot exceed \$400.

Expense Category	Amount Requested from: <u>Student Research Grant Committee</u>	Amount Requested From: <u>Other Sources</u>	Please identify the "Other Sources"
A. Supplies and Materials			
B. Use of MU Van			
C. Other Modes of Transportation			
D. Lodging			
E. Meals			
F. Registration Fees			
G. Admission Fees			
H. Equipment			
I. Software			
J. Books or publications			
K. Other: explain			
J. Other: explain			

Total Requested from Student Research Grant	\$ _____
Total Requested from Other Sources	\$ _____

TOTAL COST OF RESEARCH \$ _____