

UW-L CSH
TRAVEL AND SUPPLIES GRANTS FOR STUDENTS

SUPPLIES GRANT APPLICATION
Budget Form

Name: _____

Project Title _____

Advisor: _____

Department: _____

Itemized list of required supplies :

| Item | Quantity | Unit Cost | Total Cost |
|-------|----------|-----------|------------|
| _____ | _____ x | _____ = | \$ _____ |
| _____ | _____ x | _____ = | \$ _____ |
| _____ | _____ x | _____ = | \$ _____ |
| _____ | _____ x | _____ = | \$ _____ |
| _____ | _____ x | _____ = | \$ _____ |
| _____ | _____ x | _____ = | \$ _____ |
| _____ | _____ x | _____ = | \$ _____ |
| _____ | _____ x | _____ = | \$ _____ |
| _____ | _____ x | _____ = | \$ _____ |
| _____ | _____ x | _____ = | \$ _____ |
| _____ | _____ x | _____ = | \$ _____ |
| _____ | _____ x | _____ = | \$ _____ |

Total Cost: \$ _____

Please explain any unusual costs or circumstances. If the total cost is greater than \$500, indicate where the balance of the funding will come from (your host department, advisor, yourself, etc.).