



Please use this form to request funds for research supplies or participant payments. Once your advisor has signed their approval, send the complete form to shevaun@umd.edu for review and approval.

Requester Information

Name (Last, First) _____ UID _____

Email _____ Phone _____

Address (for reimbursements only) _____

SSN (for reimbursements only) _____

Language Science Fellow status:

- NRT LSF (individual plan) IGERT Apprentice

Research Description

Lab/department: _____

Collaborators: _____

Project title: _____

IRB protocol number: _____ Approval date: _____ Expiration date: _____

Brief description of the project:

Justification

1. How does this research enhance your interdisciplinary professional and academic development?

2. Does this research have any other sources of funding?

Budget

Equipment and supplies:

Item	Cost	Explanation/Notes

Participant payments:

# of participants	Cost per participant	Total	Explanation/Notes (Please include a justification of the number of participants.)

Bills requested: \$20 _____ \$10 _____ \$5 _____ \$1 _____

Advisor Approval

Advisor Name

Title

Advisor Signature

Date

LSC/Grant Coordinator Approval

Name

Title

Signature

Date