

Reed College * / \$ 0 ' H S D U W P H Q W Grants Budget Form

Student Name:		Expected Graduation:	
Reed ID:	Box Number:	Phone Number:	
Email:		Major:	
Faculty Sponsor 1 D P H:	<input type="checkbox"/> Faculty sponsor has reviewed and approved your application materials.		
Title of S U R M H F W:			
Starting date and duration of activity:			
<input type="checkbox"/> Acquisition of an academic resource: Resources will remain the property of Reed College.			
Resource:			

Student and faculty sponsor have explained the availability of R O O H J H funds R X W V L G H

Airfare		
Accommodations (daily)		
Per diem (food & ground transportation)	days x \$55 per day	
Miscellaneous		
Registration and/or other fees		
Printing, Photocopying		
Other (explain below)		
Total Proposal Budget (very important)		
Less: Total from department or other source. (Faculty sponsor must verify that an attempt has been made to secure departmental funds)		
		Total Requested

Budget Explanation (if not self-evident):