

FACULTY RESEARCH AND PROFESSIONAL DEVELOPMENT

*Proposal Budget Page*

*THIS FORM MUST BE COMPLETED AND SUBMITTED WITH THE PROPOSAL*

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Proposal Title \_\_\_\_\_

Principal Investigator's Name \_\_\_\_\_

Departmental OUC No.: \_\_\_\_\_  
(Required)

Departmental Bookkeeper's Name: \_\_\_\_\_  
(Required)

Department Bookkeeper's Campus Box No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
(Required) (Required)

Personnel

Release time (excluding fringe) \_\_\_\_\_

Summer salary (excluding fringe) \_\_\_\_\_

Labor \_\_\_\_\_

Travel \_\_\_\_\_

Equipment \_\_\_\_\_

Other

Supplies \_\_\_\_\_

Communications \_\_\_\_\_

Publication costs \_\_\_\_\_

Other \_\_\_\_\_

Total (not to exceed \$5,000) \_\_\_\_\_

Justification for Travel:

Justification for Equipment: