

SEEDS GRADUATE COMPETITION

BUDGET FORM

Investigator Name:		
Department:		
Advisors Name and Department:		
	Year 1 SEEDS Funding Request	Year 2 SEEDS Funding Request
A. Salaries and Wages		
1. Graduate Student		
B. Fringe Benefits		
C. Total Salaries, Wages and Fringe Benefits (A plus B)		
D. Nonexpendable Equipment		
E. Materials and Supplies		
F. Travel		
G. Publication Costs		
H. Other (Describe in Budget Justification.)		
Total Requested (C through H)		

For Directors Office Use Only:		
Final Disposition	<input type="checkbox"/> Recommended for Funding	<input type="checkbox"/> Not Recommended for Funding
Final Approved Amount	\$	
SEEDS Coordinator Review/Approval		Date: