

**Doctoral Research and Travel Grant Proposed Budget**

Name: \_\_\_\_\_ ULID: \_\_\_\_\_

Doctoral Program: \_\_\_\_\_ Date: \_\_\_\_\_

**Travel**

Conference Registration

Estimated Airfare

Estimated Mileage

No. of miles \_\_\_ Rate per mile: \$0.67

Ground Transportation (taxi, car service, shuttle, rail, etc.)

Parking

Lodging

No. of nights: \_\_\_ Rate per night: \_\_\_

Meals

No. of days: \_\_\_ Per diem rate: \_\_\_

Other

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|--|--|
|  |  |
|  |  |
|  |  |

TOTAL: \_\_\_\_\_

**Research Related Supplies**

| Item | Quantity | Unit Cost | Total Cost |
|------|----------|-----------|------------|
|      |          |           |            |
|      |          |           |            |
|      |          |           |            |

**Off-Campus Study of Specialized Methodologies or Techniques**

Description

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**Fees Related to Scholarly Research Dissemination**

APC Charge

Subscription Fees

Other

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