

**GSA RESEARCH AWARD
BUDGET FORM 2017**

NAME: _____

MAILING ADDRESS: _____

ACADEMIC PROGRAM: _____

RESEARCH THESIS TITLE: _____

PROJECTED EXPENSES:

Item	Justification	Cost
<i>Ex: Plane Ticket</i>	<i>Travel necessity</i>	<i>\$400</i>
		Total Cost:

SIGNATURE OF UNDERSTANDING:

By signing you affirm that you understand the guidelines and process of reimbursement. You agree to the following:

- Clearly understand the guidelines, eligibility and funding policies.
- GSA will not disperse reimbursements for items that do not fall under the category outlined in GUIDELINES section.
- Reimbursements are dependent upon proof of purchase and record of this purchase (receipt) is required.

Student Print

Click or tap here to enter text.

Student Signature

Advisor Print

Click or tap here to enter text.

Advisor's Signature
