

SEEDS UNDERGRADUATE 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. Undergraduate Student		
B. Fringe Benefits		
C. Total Salaries, Wages and Fringe Benefits (A plus B)		
D. Materials and Supplies		
E. Travel		
Total Requested (C through E)		

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: