





## OUR GRANT Project Description Form 2009-2010

Office of Undergraduate Research  
368 Fairfield Way  
CUE 419, Unit-2147  
Storrs, CT 06269-2147

Telephone: (860)486-6255  
Facsimile: (860)486-0222

e-mail: [our@uconn.edu](mailto:our@uconn.edu)  
web: [our.uconn.edu](http://our.uconn.edu)

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Student Name:

Student Admin Number:

Project Description: Describe your research and expected use of your OUR Grant.  
Please use 10pt. font and only the space below.

Return completed packet to:  
Marlene Coughlin, Center for Undergraduate Education (CUE) Room 419, U-2147



## OUR GRANT

### Budget Form Presentation Travel Grant 2009-2010

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Name: \_\_\_\_\_ Student Admin #: \_\_\_\_\_  
 Please list **all** expenses on this form, even if they exceed the \$500 limit of the OUR Grant.

<i>Category/Item</i>	<i>Explanation</i>	<i>Amount</i>
<b>Travel</b>		
<b>Miscellaneous Supplies</b>		
	<b>Total Amount Needed</b>	
<b>Funds from other sources</b>		
<i>please list sources and amounts of any additional funding supporting this project.</i>		

Approved:  YES  NO

Amount Awarded: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Return completed packet to:  
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