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| **COS-TRAVEL GRANT BUDGET**  **PROPOSAL** | | | |
| **NAME:** |  | | |
| **ND ID NUMBER:** |  | | |
| **EMAIL ADDRESS:** |  | | |
| **ABTRACT TITLE:** |  | | |
| **TRAVEL DATES:** |  | | |
| **Do you have Direct Deposit info on file with Notre Dame?** | | |  |
|  | | | |
|  | **Amount Anticipated** | **Source** | **Reasoning** |
| **Travel Expenses** | | | |
| *ie airplane tickets, train travel, tolls, car rental, mileage, parking, travel to/from airport* | | | |
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| **Lodging** | | | |
| *ie hotel costs, rent paid, etc.* | | | |
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| **Conference Fees** | | | |
| *costs paid to attend or present at an academic conference* | | | |
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| **Meals/Food Items** | | | |
| *must only account for meals for grantee, have an itemized receipt included (not just credit card receipt), include any tip* | | | |
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| **Other Expenses** |
| *ie health insurance costs, vaccines, poster printing* |

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| **Total Amount Requested to Complete Above Project** | | | |
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| NOTES: | | | |