**ATSU Student Research Supplies Request**

**(Supplies only — no travel)**

|  |  |
| --- | --- |
| **Today’s Date** |  |
| **Student Name** |  |
| **Faculty Sponsor** |  |
| **Items Requested** |  |
| **Total Amount Requested** | $  (Maximum of $500. Attach purchase order, quote, or invoice) |
| **Department/School** |  |
| **Faculty’s Supervisor Approval**  **Signature/Date (To attest that sufficient departmental funds are not available)** |  |
| **Justification of Need**  **(Below, please provide a brief paragraph to justify the research supplies/activity as well as the timeline for this activity.)** | |
|  | |

If you or your faculty sponsor have received funding through the Student Research Supplies program in the past, please complete the information below:

|  |  |  |
| --- | --- | --- |
| **Year** | **Items Funded** | **Amount Received** |
|  |  | $ |
|  |  | $ |
|  |  |  |

Please submit completed form and PO/invoice to [internalgrants@atsu.edu](mailto:internalgrants@atsu.edu) for consideration.

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Reviewed/Approved by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Jack Morris, MS, PMP, Director, Research Support**