



University of Colorado Boulder
Department of Psychology & Neuroscience

<i>Grad Student Research Funds Request Form</i>
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Date Submitted: _____

Requester Name: _____

Requested Amount: _____

Have you attended training on spending procedures? Y N

If "No", please work with your Business Office contact **BEFORE** making a purchase.

University Business Purpose for the expense:

(What is being purchased and how it benefits your research and the university)

If funds are to be used for travel, a signed department Travel Authorization form is required.

<https://www.colorado.edu/psych-neuro/travel-authorization-form>

Travel Departure: _____ Return: _____

Travel Destination: _____

Approved By:

Faculty Advisor: _____

Financial Approval: _____

John Carroll (john.t.carroll@colorado.edu)