University of Colorado Boulder
Department of Psychology & Neuroscience

Grad Student Research Funds Request Form

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 requested to be used for travel, complete the section below. Once approval for research funds is granted, a signed department Travel Authorization form is also required *before travel.* 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)