**SURF USA – Budget Form**

**Student Name:**

**UNH ID#:**

**Mentor Name:**

**Please review the Budget Instructions before completing this form**. In all categories, provide the exact cost for each item, briefly noting its importance to your project. If you will have contributions from other sources (e.g., faculty mentor, department, etc.), complete the table on page 2 and subtract this amount from your final budget request. Note: This form was created as a table in Microsoft Word, so you should be able to manipulate it to fit your needs. You may enter information on the form electronically, save it, and return to it later for completion. Also, if you need more space, you may add rows to this form or attach a separate document to this form that follows the same format.

|  |  |
| --- | --- |
| **SUPPLIES** |  |
| **Item** | **Purpose** | **Cost per Unit** | **Quantity** | **Total Cost** |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Supplies Subtotal** | **$** |
| **TRAVEL** |  |
| **From/To** | **Mode of Transportation and Purpose** | **Miles (if by car) x** [**current IRS** **rate**](https://www.irs.gov/tax-professionals/standard-mileage-rates) | **Number of trips** | **Total Cost** |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Travel Subtotal** | **$** |
| **OTHER EXPENSES (photocopies, phone calls, postage, etc.)** |  |
| **Item** | **Purpose** | **Cost per Unit** | **Quantity** | **Total Cost** |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Other Expenses Subtotal** | **$** |
| **PERMANENT EQUIPMENT (books, software, electronics, mechanical equipment, etc.)** |  |
| **Item** | **Purpose** | **Cost per Unit** | **Quantity** | **Total Cost** |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Permanent Equipment Subtotal** | **$** |
| **TOTAL EXPENSES****(transfer amount up to $600 to application cover sheet)** | **$** |

**SURF USA – Budget Form (cont.)**

**Student Name:**

**UNH ID#:**

**Mentor Name:**

**CONTRIBUTIONS FROM OTHER SOURCES:** With the assistance of your faculty mentor, please list any contributions of equipment, supplies, or financial support and their sources being made toward your project (i.e., faculty mentor, department, etc.). This is especially important if your Total Expenses (above) exceed $600.

|  |  |  |
| --- | --- | --- |
| **ITEM** | **SOURCE** | **ESTIMATED VALUE** |
|  |  |  |
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|  |  |  |
|  |  |  |
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|  |  |  |
| **Total Contributions from Other Sources** | **$** |