

RESEARCH AND DEVELOPMENT FUNDING REQUEST

Missouri State University
Honors College

Name: _____ Date: _____

M#: _____ Email: _____ Phone: _____

Check one: Faculty Staff Student

Semester and year (ex. FA18): _____ Amount requested: _____

Fund type (check one): Travel Service Other: _____

Project description:

Please describe what the funds will be used for:

Remember this is a reimbursement, so please attach all receipts and supporting documentation upon completion and submission of the project for which you want to be reimbursed. You will be sent a department transfer or a check for the reimbursement approximately 3 weeks after you have submitted all receipts.

Requestor's signature: _____

Project Director (if applicable): _____

Honors College Dir./ Asst. Dir. _____

Action: _____ Date: _____