

**FORM - UNIVERSITY OF ILLINOIS AT CHICAGO  
AT CHICAGO - Proposed Budget**

1737 West Polk Street (MC 672)  
310 Administrative Office Building  
Chicago, IL 60612

Phone: 312.996.4995 Fax: 312.413.0238  
[www.research.uic.edu](http://www.research.uic.edu)

Version: 1.0  
Date: %\$/%\$/11

\*Name of PI: \_\_\_\_\_

Financial officer responsible for your academic unit

Name: \_\_\_\_\_

A

**A. Personnel**

**Funding Requested**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Subtotal</b>	<b>\$ _____</b>

**B. Itemized materials and supplies**

**Funding Request**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Subtotal</b>	<b>\$ _____</b>

**C. Itemized general services, e.g., animals x cost/day x days**

**Funding Requested**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Subtotal</b>	<b>\$ _____</b>

**D. List the equipment**

**Funding Requested**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Subtotal</b>	<b>\$ _____</b>

**E. Other**

**Funding Requested**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Subtotal</b>	<b>\$ _____</b>

**F. Cost Sharing**

**Subtotal** \$ \_\_\_\_\_

A

\*Contact PI

**Total:** \$ \_\_\_\_\_