



## UCARE Supplies Funds Application

Student Name: \_\_\_\_\_ Faculty Mentor: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Please provide a brief justification for the supplies needed. Typically, \$500 is the established upper limit; however, we will consider proposals above that amount on a case-by-case basis.

### Estimated Expenses:

Supply	Estimated Cost

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Mentor Signature \_\_\_\_\_ Date: \_\_\_\_\_

Faculty member's department financial contact: (Student to work with faculty member or business department to obtain name) \_\_\_\_\_

Department financial contact email: \_\_\_\_\_

Submit completed form to: Director of Undergraduate Research, [ucare@unl.edu](mailto:ucare@unl.edu).

### FOR UCARE OFFICE USE ONLY

Is this request approved? ☐ Yes ☐ No

If no, what is the reason for denial? \_\_\_\_\_

UCARE Office Approval: \_\_\_\_\_ Date: \_\_\_\_\_