**Teaching Enhancement Grant Proposal**

**Itemized Budget Form**

* Name:
* Budgetary Unit:
* Name of ADA:
* Project Title:

|  |  |  |
| --- | --- | --- |
| **Teaching Enhancement Grant Budget** | | |
| **Expense** | **Description** | **Total** |
| Travel Expenses: [(Click for UW System Travel Regulations)](https://www.wisconsin.edu/travel/) | | |
| Airfare |  |  |
| Mileage |  |  |
| Hotel |  |  |
| Meals [(Per Diem Calculator)](https://portal.sfs.wisconsin.edu/psc/sfs/EMPLOYEE/SFS/c/UW_EX_CUSTOM.UW_EX_PDCALC.GBL) |  |  |
| Conference Registration |  |  |
| Other |  |  |
| Materials: | | |
| Scholarly books or periodicals |  |  |
| Duplicating |  |  |
| Postage |  |  |
| Other |  |  |
| Honorarium (for invited guest): |  |  |
| Other Expenses (specify): |  |  |
| **Total Expenses** |  |  |
| **Less Costs from Other Sources** |  |  |
| **Total Unreimbursed Expenses** |  |  |
| **TOTAL AMOUNT REQUESTED**  (up to $1000) |  |  |

IF YOU HAVE INCLUDED ANY UNUSUAL BUDGET ITEMS OR WISH TO EXPLAIN ANY ASPECT OF YOUR BUDGET, PLEASE USE THE SPACE BELOW.