



TRIO McNair Scholars Program

Summer Research Institute Supplies

Scholar Name: _____ CSUD: _____

Item Name: _____

Purchase Date: _____ Price: \$ _____

Relevant to the project:

Total fund claimed on SR research supplies so far (completed by McNair staff): \$ _____
(not to exceed \$125.00)

Scholar's Signature

Date

Mentor's Signature

Date