

VOUCHER APPLICATION

Please save and complete the Voucher Application. Once completed, email the application as an attachment to christy.maddox@uky.edu.

A. BASIC INFORMATION

Cores for which support is being requested (check all the appropriate boxes):

Genetic Technologies Core

Organic Synthesis Core

Protein Core

B. TITLE OF RESEARCH PROJECT: _____

C. DATE OF SUBMITTAL: _____

D. PRINCIPAL INVESTIGATOR: _____

E. DEPARTMENT/POSITION: _____

F. AMOUNT REQUESTED (Up to \$5,000): _____

G. LIST ALL OTHER RESOURCES OF RESEARCH SUPPORT AND ANNUAL AMOUNT:

H. BRIEF DESCRIPTION OF RESEARCH PROJECT: (USE SPACE PROVIDED)

I. JUSTIFICATION FOR USING SERVICES OF THE CORE(S): (USE SPACE PROVIDED)

J. NAME AND SIGNATURE OF DEPARTMENT CHAIR OR DIVISION CHIEF:

Name (Print): _____ Date: _____

Signature: _____

For office use only:

Date Received _____

Core Director(s) Approval _____

Funding Decision _____