Research on Healthcare Disparities

Budget Worksheet

LSU Health NEW ORLEANS School of Medicine

Project Title: _____

Lead Investigator: _____

Faculty Advisor: _____

Department: _____

Anticipated Date of Completion for Project: _____

School of Medicine Request (Max $5,000*)

1		$
2		$
3		$
4		$
5		$
6		$
7		$
8		$
9		$
10		$
11		$

School of Medicine Budget Justification:

Total*	**$**

_____

_____

_____

_____

_____

Department of_____ Request (Must match School of Medicine Request**)

1		$
2		$
3		$
4		$
5		$
6		$
7		$
8		$
9		$
10		$
11		$

Departmental Budget Justification:

Total**	**$**

_____

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