National Taiwan Normal University College of Science

New Faculty Member Academic Event Funding Application Form

Application Serial Number:　　　　　　　　　 Application Date: 　 　Year　　Month　　Date

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| Applicant |  | | Department/Institute | |  | Job Title |  |
| Employment Start Date  at the University | | | Year　　Month　　Date | | | | |
| Have you ever been awarded Ministry of Science and Technology research grants as principal investigator? | * Yes (Please attach a copy of Grant Award Letter or List)   Title of Project：  Grant Amount：   * No | | | | | | |
| Duration of Project | From 　 　Year　　Month　　Date to 　 　Year　　Month　　Date | | | | | | |
| Requested Funding:  **Maximum funding is NTD$100,000 per person** | Item | Requested Amount  (Unit: Dollar) | | Briefly describe item or purpose | | | |
| Equipment Expenses |  | |  | | | |
| Operating Expenses |  | |  | | | |
| Total Requested Funding | NTD$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **(Note: Total requested funding must not exceed the maximum funding amount)** | | | | | | |
| Receiving Account Number at the Accounting Office for the Funding | □ Department / Institute Account Number\_\_\_\_\_\_\_\_\_  □Applicant’s Account Number\_\_\_\_\_\_\_\_\_    Note: If the faculty member has yet to open a departmental account, please go on the Accounting System and complete the “Online Procurement Authorization Application Form” | | | | | | |
| Note:   1. Those requesting equipment expenses must wait for the College of Science to complete the funding exchange process with the Accounting Office before taking any steps for any procurement. 2. As a principle, those requesting operating expenses should limit their expenses to consumables such as stationery, prints, and papers. 3. A letter of notice with the funding request approval number will be sent to the faculty member once the College of Science has applied to the Accounting Office and completed the equipment expenses funding exchange process. For reimbursements, please follow the university accounting regulations. 4. Extensions are not allowed for the current funding. Per Accounting Office’s request, please complete reimbursement processes before the end of the current fiscal year (December 31) | | | | | | | |
| Contact | Name： Tel.： | | | | | | |
| Mobile： E－Mail： | | | | | | |

Applicant Signature Department / Institute Case Processor Signature Unit Manager Signature

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