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| Date |  |
| Number |  |

Travel Support

Form ３

**Kumamoto University’s Institute of Molecular Embryology and Genetics (IMEG)   
FY2017 Travel Support Application Form**

　　National University Corporation Kumamoto University

　　　　TO: IMEG Director

　　　　　　　　　　　　　　　　　　　　　Applicant

　　　　　　　　　　　　　　　　　　　　　　Affiliation

　　　　　　　　　　　　　　　　　　　　　　Job Title

　　　　　　　　　　　　　　　　　　　　　　Full Name

　　　　　　　　　　　　　　　　　　　　　　Contact Information

　　　　　　　　　　　　　　　　　　　　　　　Phone Number 　　 　－（　 　　）－

　　　　　　　　　　　　　　　　　　　　　　　E-mail

I hereby submit this travel expense request for the following collaborative research project.

|  |  |  |
| --- | --- | --- |
| 1. Research Area | □ Developmental Regulation　　□ Stem Cell Research　　□ Organogenesis  (Select only one ■.) | |
| ２．Project Title |  | |
| ３．Project Period & Expected Expenses | From DD/MM/YYYY to DD/MM/YYYY  Travel Expenses: Total JPY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Breakdown) Name 　　　　 : \_\_\_\_\_ nights, \_\_\_\_\_ times  　　　　　　Name 　　　　 : \_\_\_\_\_ nights, \_\_\_\_\_ times  　　　　　　Name 　　　　 : \_\_\_\_\_ nights, \_\_\_\_\_ times | |
| ４．Project Members | | |
| Researcher Name(s) | Affiliation, Job Title | Expected role in project |
|  |  |  |
| IMEG Researcher(s) | Affiliation, Job Title | Expected role in project |
|  |  |  |
| ５．Previous Support | Have you ever received any support from “IMEG Joint Research Projects”?  □ Yes　　□ No If yes, what was the year of the project?　　Year:\_\_\_\_\_\_\_\_\_\_\_  Type of support: □ Research/Travel Support □ Travel Support | |
| ６．Purpose of this visit | | |
| Describe the purpose of the visit, and if applicable the schedule/use of laboratory equipment. | | |
| ７．Additional cost for use of analysis equipment.　 　 □ Requested 　　□ Not Required  　　Equipment Used (　　　　　　　　　　　　) Sample numbers (　　 ) Cost Forecast\_\_\_\_\_\_\_\_\_yen   * Up to 100,000 yen. (Maximum 200,000 yen for special circumstances)   Check one of the following:  　□ I will NOT exceed the funding limit.  □ The IMEG host scientist will cover the amount exceeding the funding limit. | | |
| ８．Reference Papers | | |
| List applicant’s papers related to the purpose of the visit, if any.  Article Title, Journal Name, Volume, Page Numbers, Authors (underline the applicant), & mark the corresponding author with a star (\*). | | |
| ９．Questionnaire: Please tell us how you learned about the joint research support system of IMEG.  1. IMEG website 2. Joint Research Support Poster 3. IMEG Faculty 4. Other（　 　） | | |

You may change the vertical size of the cells as needed, but do not exceed the two page limit.