

Date	
Number	

Travel Support

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 - m a i l _____

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

1. Research Area	<input type="checkbox"/> Developmental Regulation <input type="checkbox"/> Stem Cell Research <input type="checkbox"/> 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”? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was the year of the project? Year: _____ Type of support: <input type="checkbox"/> Research/Travel Support <input type="checkbox"/> 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. <input type="checkbox"/> Requested <input type="checkbox"/> 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: <input type="checkbox"/> I will NOT exceed the funding limit. <input type="checkbox"/> 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.