

East Central University Alumni Association Student Enhancement Grant Application

Pages 1 and 2 of this document should be filled out and approved by your dean well in advance of your trip or event.

Pages 3 and 4 are to be completed after your trip or event is completed.

Please keep all 4 pages of this document together and include all receipts or other verifying paperwork when submitting this request to the ECU Foundation. Incomplete applications or those which lack the proper documentation will not be considered.

Date of Submission to Dean: _____

Name of Student Organization Applying: _____

(Note: Reimbursement will be made to the student organization only, not to individual students.)

Faculty Sponsor: _____ **Department:** _____

Phone number: _____ **Email:** _____

Student Representative: _____

Phone number: _____ **Email:** _____

Name of Activity/Event/Trip: _____

Date of Activity/Event/Trip: _____ **Location:** _____

Description: _____

How many students will be attending? _____

If known, please list their names here: _____

Will a faculty sponsor or other University personnel be attending? Yes___ No___

If so, please list name(s) here: _____

Is this a University-sanctioned activity/event/trip? Yes___ No___ Don't know___

Please list all anticipated expenses:

Transportation Expenses: _____

Lodging Expenses: _____

Meals/Food Expenses: _____

Registration Fees: _____

Other (be very specific!): _____

Total of all anticipated expenses: _____

*I hereby authorize up to (and including) \$ _____
for this activity/event/trip.*

Signature of Dean: _____

Date: _____

Please fill out the information below after the activity/event/trip has been completed—attach all receipts for the expenses listed, make a copy for your files, and deliver all to the ECU Foundation for reimbursement:

Transportation (can be reimbursed at \$.22 per mile):

Did you use a University vehicle? Yes ___ No ___

If yes, how much was spent on fuel (not on University gas card): _____

Did you use your own or someone else's vehicle? Yes ___ No ___

If yes, number of miles traveled: _____ x \$.22 = _____

Lodging _____

Meals/Food _____

Registration Fees _____

Other _____

Total Expenses to be Reimbursed: _____

(Note: Check will be made out to the student organization, not to individual students, and cannot exceed the amount approved by the Dean on page 2 of this form.)

I verify that the above information is accurate and is a true accounting of the expenses incurred during the above-mentioned activity/event/trip. I also verify that the ECU Alumni Association has permission to use this information for publicity purposes (unless a previous exemption has been requested and granted).

PRINTED NAME OF STUDENT: _____

SIGNATURE OF STUDENT/DATE: _____

PRINTED NAME OF FACULTY SPONSOR: _____

SIGNATURE OF FACULTY SPONSOR/DATE: _____

(2/17/15 bl)