



NEFF ENDOWMENT EXPENSE FORM

Name: _____

Date: _____

Activity: _____

Dates: _____ Location: _____

Actual expenses: (Please attach receipts and include a summary of the benefits of the activity.)

Meals: number of days _____ x \$25.00 = _____

Auto: mileage _____ @ \$.56 per mi. = _____

Alternate Travel: _____ = _____

Lodging: = _____

Registration: = _____

Other (specify): = _____

Miscellaneous: (tips, cabs, etc.) = _____

Total = _____

Committee use: _____

Amount approved: _____

Faculty Affairs Committee Chair: _____ Date: _____

Paid in advance: (_____)

Academic Dean: _____ Date: _____ Net due =

Accounting Records: _____

Approved by: _____

Cost Dept. _____