WVU AT PARKERSBURG FOUNDATION

(Submit to the Foundation Office Only)

Faculty Development Grant

EXPENSE REPORT FOR REIMBURSEMENT

Faculty Member: _____

Department: _____

Project Funded: _____

Amount Funded: _____ **Date Project Funded:** _____

Date of Project Completion: _____

Did you receive a Travel Advance from the Foundation? _____ Yes or _____ No ***(please select one)***

How much did you receive for your travel advance? $_____

Expenses: ***[Please be sure to include original receipts for expenses (airfare, lodging, conference/course registration, etc.) with this final expense report. In determining meal reimbursement, use your actual amount spent not to exceed the daily federal per diem or otherwise provide meal receipts with this expense report. Contact Dina Braniff at ext. 413 to determine the per diem for your trip.]***

	Travel & Training Mileage Beg.						
	Mileage End	Parking &				Course or Conference	Misc. *(e.g. parking, fares, & other expenses, etc.)*
DATE	Total	Tolls	Airfare	Lodging	Meals	Registration	
Subtotal	$	$	$	$	$	$	$
				Total Reimbursement Due (minus Travel Advance) $ _____			

I certify that these costs incurred were in connection with my funded project are true, accurate and actual and do not reflect any costs or expenses reimbursed or to be reimbursed from any other source.

_____ _____

Requestor's Signature **Date**

_____ _____

Approval Supervisor/Department Head **Date**

(Please be sure both lines are signed on the form or your reimbursement could be delayed until the next month's cycle.)

For more information, please contact the Foundation Office by calling 304.424.8340 or email:wvupfoundinfo@mail.wvu.edu

WVU at Parkersburg FOUNDATION FOSTERING EXCELLENCE

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