

**FACULTY SCHOLARSHIP GRANT**

**EXPENSE REPORT**

|  |  |
| --- | --- |
| **Faculty Name:** |  *Enter text here* |
| **Department/School:** |  *Enter text here* |

|  |  |
| --- | --- |
| **Date of Grant:** |  *Date* |
| **Project Completion Date:** |  *Date* |

**EXPENSES:**

|  |  |
| --- | --- |
| **Supplies** |  $ *Amount* |
| **Library Costs/Books/Periodicals** |  $ *Amount* |
| **Travel** |  $ *Amount* |
| **Printing/Duplicating** |  $ *Amount* |
| **Postage** |  $ *Amount* |
| **Telephone/Fax** |  $ *Amount* |
| **Secretarial/Clerical Services** |  $ *Amount* |
| **Other** |  $ *Amount* |
|  |  |
| **Total Expenses =** |  $ *Amount* |
| **Amount of Grant =** |  $ *Amount* |
| **Unexpended Amount (if any) =** |  $ *Amount* |

All expenses must be adequately documented by receipts or other appropriate documentation. A check payable to Molloy University must accompany this report for any unexpected amount.