



The Library Foundation – Scholarship Program

SEMESTER EXPENSE REPORT

Date: _____

Pay To: _____

Address: _____

Please Circle Method of Delivery:

Hold at Foundation for Pick Up

Mail to Address Above

Total # of Books Submitted	Total Cost for Books Submitted (Attach Receipts)

For Travel Stipend:

Date of Travel	Origin/Destination	Reason for Travel

Requested by: _____ Approved by _____

Please attach all receipts.