

CHECK # _____

DATE _____

SHIPPENSBURG UNIVERSITY FOUNDATION

1871 Old Main Drive
Shippensburg, PA 17257
477-1377 477-1471(Fax)

GRANT EXPENDITURE REQUEST

TO: Accounting Department

FROM: _____

DATE: _____

Please make payment in the amount of \$ _____

Payable to: _____

Mail to: _____

Undergraduate Research Grant Number: UGR 2024-25 / # _____

Explanation of funds being requested: _____

Undergraduate Researcher Name (PRINTED) _____

Undergraduate Researcher Signature (REQUIRED) _____

Faculty Mentor Name (PRINTED) _____

Faculty Mentor Signature (REQUIRED) _____

Director - Institute for Public Service _____

SU Foundation Accounting Dept.

- NOTE: * **Original itemized receipts and/or invoices must be attached.**
- * **Please send form and receipts via InfoReady**
- * **August 15, 2025**, is the final date when forms will be accepted.

REMARKS OR SPECIAL NOTES: _____