



GRADUATE SCHOLARSHIP PROGRAMS SLOAN SCHOLAR ANNUAL EXPENDITURE FORM

Name (First, Middle, Last Name) _____

Street Address, City, State/Zip Code _____

Check if address has changed

Telephone _____

Email _____

University _____

Department _____

Faculty Advisor Signature _____

Program Start Date _____

Academic Year of Expenditure Report _____

SCHOLARSHIP EXPENSE DETAIL

Please indicate how the funds distributed in the past academic year were spent:

Expense Types	Amount Requested	Amount Spent	Amount Unspent
Books/Journals			
Computer Equipment/Software			
Direct Research Costs (lab supplies)			
Professional Travel (please complete details over)			
Stipend (please review IRS pub. 970)			
Summer Support			
Other specify _____			
TOTALS			

Sloan Scholar Name (Print) _____

Signature _____

Date _____

Program Director Signature _____

Date _____

Please submit this form no later than **June 30** each year via fax to 914.539.4032 or electronically via PDF to sloanphds@nacme.org to the attention of Program Manager, Sloan Programs, NACME, Inc.

Date Received _____

FOR NACME USE ONLY

Approved _____

Approval _____



PROFESSIONAL EXPENSE TRAVEL DETAILS

FOR PROFESSIONAL TRAVEL EXPENSES PLEASE COMPLETE THE DETAILS BELOW:

Purpose of Travel <i>(include all trips taken during the year)</i>	Destination	Date(s) of Travel	Type of Presentation

Specify how you spent your professional travel funds:

Travel Budget:

Lodging	_____
Transportation	_____
Meals/Per diem (if applicable)	_____
Conference Registration	_____
Other Cost (please specify)	_____
TOTAL	_____

Sloan Scholar Name (Print)

Signature

Date

Program Director Signature

Date