##  SE Independent Project Grant Program

## Expense Form

**INSTRUCTIONS: *Please submit one form per team***

* Complete all three parts of the expense form: Applicant Payment Information, Compliance to Funding Terms, and Expense Information (on second page)
* Attach original receipts (details at: <https://www.hbs.edu/socialenterprise/mba-experience/academics/independent-projects/awards/>)
* Submit a signed copy of the expense form to the Social Enterprise Initiative, se@hbs.edu
	+ **By Friday, December 9 at 12:00 pm, for Fall term**

**Applicant Payment Information (please print)**

Name (First and Last):

Project Name: Number of team members:

HBS ID#:

Are you a US Citizen:  Yes  No Country of Citizenship: Visa Type:

Country in which work was performed:

HBS Email: Telephone number:

Permanent Legal Mailing Address (must be a non-Harvard Address):

 \_\_\_\_\_

 Street City State Zip Code Country

Check Mailing Address: (SPRING TERM PROJECTS: graduating students may not use an HBS address)

 \_\_\_\_\_

 Street City State Zip Code Country

If not in your name, please include c/o information:

**Compliance to Funding Terms**

Team member name: Date:

Team member signature:

By signing above I certify the following:

* The amount of reimbursement grant funding will only be for expenses actually incurred
* Expenses were for costs incurred to support the research and analysis of the Independent Project
* Expenses map to the original budget that was authorized by SEI
* The sum of the amounts submitted on expense list/s by team member/s does not exceed the SEI grant award

## SE Independent Project Grant Program

## Expense Form

**Expense Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Expense (including purpose) | Date on receipt | Expense estimate on budget | Actual expensive amount |
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|  |  |  Total request: $ |  |