FYE Activity Fund Form

FYE Faculty Name _____

WIU ID# _____

FYE Course: Dept. _____ Course Number _____ Section _____

Amount: _____

Brief Description of Use of Funds:

Payment Type: _____ Billed to FYE
Date billing arrangement made _____

_____ Reimbursement requested; original bill enclosed

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Instructions

1. Refer to the guidelines on the FYE web site.

2. Complete the form and send to Provost's Office at the time of billing or when reimbursement is requested.

3. Attach original receipt, if reimbursement.