Activity/Program Title:
Activity/Program Dates:
Number of Attendants:

Which of the following CWIL goals do you think this activity/program met?

- ☐ Bringing Diverse People Together/Crossing Boundaries
- ☐ Thinking in New Ways About Women’s Leadership
- ☐ Enriching SMC Environment for the Development of Women Leaders
- ☐ Serving as a National Resource for Change

How did this activity/program meet the goals you checked?

Please describe any new collaborations (on or off campus) that resulted from this activity/program.

What were the highlights of the activity/program?

What would you do differently next time?

What are the next steps for this activity/project?

Please share any success stories that resulted from this experience:

If you did a program evaluation please attach a summary of the results.

9/26/2008
# Co-Sponsorship Grant Expense Reimbursement Form

**Handling Expenses**
The Business Office has requested that we use the following procedure regarding expenses related to a CWIL Co-Sponsorship Grants. Please use the following form to submit receipts for reimbursement or request a departmental transfer for your co-sponsored event.

1. After the co-sponsorship expenses are complete, your department or group should submit this report to CWIL listing the expenses (along with copies of expenses) covered in the co-sponsorship grant.
2. When CWIL receives the Expense Report, CWIL will then direct the Business Office to transfer funds back into the Saint Mary’s departmental budget account or reimburse the group, thus clearing out expenses.

**Important Points**
- **Saint Mary’s does not reimburse for sales tax.**
- If you purchase meals in restaurants, you will need to include a list of whose meals were included on the receipt. Meals cannot be purchased for only Saint Mary’s faculty, staff, and students, i.e. there needs to be an outside person present. Tipping is covered up to 15%.

**ORIGIONAL RECEIPTS OR RECEIPT COPIES MUST BE ATTACHED TO THIS FORM.**
After completing the form below, please submit to Linda Biggins in the CWIL Office, #129 Spes Unica Hall, and your request will be processed by the Business Office.

**Department or Group Name** __________________________________________
**Co-Sponsored Event Title** __________________________________________

If you are requesting a departmental transfer please list the following:
**Department budget account number where expenses were charged.**

<table>
<thead>
<tr>
<th>Expense</th>
<th>Budget Line Item charged (if applicable)</th>
<th>Receipt Amount</th>
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**Total Amount paid by CWIL** ________________

Submitted By: __________________________
Date: __________________________

If you have any questions, please contact Linda Biggins at x4051 lbiggins@saintmarys.edu

9/26/2008