

RECIPIENT AGREEMENT
MSUAASF PROFESSIONAL IMPROVEMENT FUNDS
St. Cloud State University

TO: _____

FROM: MSUAASF PIF Committee

DATE: _____

RE: title and date(s) of project

You have been selected to receive a MSUAASF Professional Improvement Fund award. By accepting this grant award, you are agreeing to comply with the following conditions:

- You will submit MN State expense reimbursement forms to Business Services within 60 business days of completion of the travel. *Any forms submitted after 60 days will have tax implications to the employee and employer.*
- You agree to submit a written final report to your supervisor (electronic or hard copy) and the MSUAASF Treasurer (electronic copy) when expense reimbursement is requested. The final report will outline the activity completed and analyze the impact on job-related skills and competence.
- Other conditions applicable to this project: _____

I hereby agree to the conditions set forth above.

I choose to decline the award.

Signature

Date

**PLEASE ACCEPT OR DECLINE THE AWARD, SIGN THIS AGREEMENT AND SUBMIT IT ELECTRONICALLY TO
THE MSUAASF TREASURER WITHIN 15 BUSINESS DAYS AFTER RECEIPT**