## FACULTY ADVISOR APPROVAL FOR REQUESTED HOUGHTON FUND GRANTS

		Da	Date:	
C.	l ANT			
	Student Name:Faculty Advisor Name:			
	Estimated Expenses (Please list each item showing the expense total estimated price) **Do not include any sales tax; for a tax-exempt certificate, please see Kayla, kbauer@mit.edu			
	Item Name	Vendor	Price	
 I ł	hereby confirm that the above claim			
Ac	lvisor's Name:			
Ad	lvisor's Signature:			
710				
H	oughton Annroyal·			