



Boston College
William F. Connell School of Nursing

FACULTY TRAVEL FUNDS APPROVAL FORM
Domestic/International
(Administrative Approval Required)

Fiscal Year _____

Faculty Name: _____ Eagle ID: _____

Date of Request: _____ Name of Conference: _____

Location of Conference: _____ Date of Conference: _____

Reason for attending conference (presenting poster, panel member, keynote speaker, faculty enhancement, etc.) _____

Estimated Costs: Transportation Costs: \$ _____ Conference Fee: \$ _____
Lodging Costs: # _____ days @ \$ _____ per night = \$ _____
Meals: \$ _____
Other Costs: \$ _____

TOTAL TRAVEL EXPENSES: \$ _____

STEP 1: Submit this request PRIOR to travel, with a copy of the conference brochure to Dean's Office. A copy of this signed approval form will be returned to you for use in Step 2.

STEP 2: AFTER your travel has been approved & completed, please provide Dean's Office, with:

- all invoices & supporting documents, including original boarding passes
- all original receipts, please see the Travel Best Practice Checklist
- this signed approval form

For Administrative Use Only

Date Request Received: _____ Amount Approved: \$ _____

Date: _____

Susan Gennaro, Dean and Professor

Budget Fund: [] Operating [] Gift [] Research [] Connell

cc: Date copy returned to Faculty: _____ Peoplesoft ID: _____

Please consider assisting CSON in recruiting for open faculty/staff positions by taking publicity materials with you that are easy to carry in a briefcase. Please see the Communications Specialist for these items.