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: # of 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

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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.

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