FACULTY TRAVEL EXPENSE FORM COVER SHEET
(2017-2018)

Faculty Travel Expense for:_____
(Faculty member's name)

Department: _____

For Attendance at:_____
(Conference/Workshop/Seminar name)

Location:_____ Travel Date(s): _____

1. TOTAL expenses submitted by faculty member $ _____

2. TOTAL expense approved by Department Chairperson as appropriate professional expense $_____

3. Sources of College funding:

   a. Deans fund for professional participation ($400 maximum) $ _____

   b. Departmental allocation ($500 per faculty member unless otherwise budgeted) $_____

   c. 2017-2018 Special Initiative ($500 per faculty member) $_____

   d. Other (please identify source and account number, if known) $_____
      Account Number: _____

4. College Funding:

   a. TOTAL College funding (Total of lines 3a-d) $ _____

   b. Less advances received: $ _____

   c. Amount to be reimbursed to faculty member $_____
      Dean's Fund for Professional Participation Account Number: _____
      Department Account Number: _____
      Special Initiative (2017-2018) Account Number: _____

   d. Amount due to Nazareth College: $ _____

5. Approved amount but not funded expenses: $ _____
   (Line 2 less Line 4a)

FACULTY TRAVEL ACTIVITY
(2017-2018)

NAME:

_____

DEPARTMENT:

_____

Please check as appropriate (√)

Attended:

Conference _____
Exhibit _____
Meeting _____
Seminar _____
Workshop _____

Participated as:

Chair _____
Discussant _____
Officer _____
Presenter _____
Speaker _____

Other (please describe):

_____

_____

_____

Explanation of hospitality and sundries:

_____

_____

_____

_____

_____

_____

ADVANCES	
Airfare	$
Advance Registration	$
Auto Rental Charged to Nazareth (attach invoice)	$
Hotel Room Deposit	$
Other	$
Cash	$
TOTAL	$

EXPENSES (attach all invoices)	
Airfare	$
Other Transportation (e.g., Train/Bus/Taxicabs)	$
Personal Auto: Number of miles_____@ $0.535/mi.	$
Auto Rental	$
Lodging	$
Registration	$
Meals Number of Meals _____	$
Parking/Tolls	$
Hospitality – show details at left	$
Sundries – show details at left	$
TOTAL EXPENSES	$
LESS ADVANCES	$
TOTAL	$

Faculty member's signature:_____ **Date:**_____

Department Chairperson signature: _____ **Date:** _____

Dean's Approval: _____**Date:** _____