



Boston College
William F. Connell School of Nursing

FACULTY TRAVEL FUNDS APPROVAL FORM
Domestic/International

(Administrative Approval Required)

Fiscal Year

Faculty Name: \_\_\_\_\_ Page ID: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Name of Conference: \_\_\_\_\_

Location of Conference: \_\_\_\_\_ Date of Conference: \_\_\_\_\_

Reason for attending conference (e.g., participant, royal member, keynote speaker, faculty enhancement, etc.)

ESTIMATE COSTS: Transportation Costs: \$ \_\_\_\_\_ 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.

- all original receipts, please see the Travel Best Practices Checklist
this signed approval form

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For Administrative Use Only

Date Request Received: \_\_\_\_\_ Approved: \_\_\_\_\_

Date: \_\_\_\_\_

Susan Gennaro, Dean and Professor

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

Date copy returned to Faculty: \_\_\_\_\_ Page 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.