



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

For Administrative Use Only

Date Request Received: _____ Approved: _____

Date: _____

Susan Gennaro, Dean and Professor

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

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.