EXTERNAL REVIEW EXPENSE REIMBURSEMENT FORM

College/Division__________________________Department/Program__________________________

Date of Review__________________________

1. Reviewer’s Name/Affiliation__________________________________________________________
   Travel Expense__________________________________________
   Lodging and Food________________________________________
   *Honorarium_________ $1,250.00 (Chair)

2. Reviewer’s Name/Affiliation__________________________________________________________
   Travel Expense__________________________________________
   Lodging and Food________________________________________
   *Honorarium_________ $1,000.00

3. Reviewer’s Name/Affiliation__________________________________________________________
   Travel Expense__________________________________________
   Lodging and Food________________________________________
   *Honorarium_________ $1,000.00

4. Printing of Self Studies _____________________________________________________________

*Honorariums should be issued to each reviewer immediately after the college has received travel, lodging and food expense receipts.

Total Amount to be transferred to Department:___________________________________________

Account Number and Fund Group to receive fund transfer:________________________________

Please return this form and copies of original receipts to Kristin Walker, 440 Day Hall, and be sure to include your account number and fund group so that we can transfer the funds to your account. Please call Kristin at 5-2716 if you have questions.