



Cornell University
Faculty Committee
on Program Review

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.