

## DEAN OF THE COLLEGE – FUND REQUEST/AUTHORIZATION

|   |       |
|---|-------|
| From:   | Date: |
| Purpose of Request (include date/destination and presentation title if applicable): |       |
| Comments (or feel free to attach a separate sheet):                                 |       |

|  |  |  |   |                          |                    |                          |
|--|--|--|---|--------------------------|--------------------|--------------------------|
| 1 <sup>st</sup> PDA Event/Date Attended:<br>(see p 26 of the Faculty Handbook) |  |  |   |                          |                    |                          |
| <b>TO BE COMPLETED BY APPLICANT</b>  |  |  | <b>DEAN OF THE COLLEGE OFFICE USE ONLY</b>  |                          |                    |                          |
| <b>COST BREAK-DOWN:</b>  |  |  | Approved<br>Amount  | Fund<br>Name &<br>Number | Approved<br>Amount | Fund<br>Name &<br>Number |
| Round-trip airfare:  |  |  | *   |                          |                    |                          |
| Hotel:   |  |  |   |                          |                    |                          |
| Registration/Fees:   |  |  |   |                          |                    |                          |
| Meals:   |  |  |   |                          |                    |                          |
| Transportation:  |  |  |   |                          |                    |                          |
| Other (specify):   |  |  |   |                          |                    |                          |
| <b>TOTAL</b>   |  |  |   |                          |                    |                          |
| <b>ADDITIONAL COMMENTS:</b>  |  |  | <b>* THIS IS THE MAXIMUM AMOUNT YOU ARE<br/>AUTHORIZED TO SPEND. IF YOUR AIRFARE<br/>IS LESS YOU WILL <u>ONLY</u> RECEIVE THE<br/><u>ACTUAL</u> AMOUNT.</b> |                          |                    |                          |

Your request for funds has been **disapproved** for the following reason(s):

Your request for funds has been **approved**, and the Business Office is authorized to make payments as listed above. For reimbursement checks, submit a **pink Check Order form** (with pertinent vouchers, receipts, etc., attached) **to the Business Office, Accounts Payable**. For travel advances, submit a **Travel Advance form**. Check Order forms and Travel Advance forms are available through your Department or in the Business Office. For clarity, you may also attach a copy of this authorization form. Check requests/travel advances require one week to process.

Airline travel may be charged at **VIP Travel** (645-4458) and billed to the account above.

***NOTE:** any public product created with the assistance of this grant should acknowledge Carleton College as a contributor.*

\_\_\_\_\_  
APPROVAL SIGNATURE

\_\_\_\_\_  
DATE

**PLEASE NOTE:** Authorizations expire at the end of each academic year. Balances are not carried into the succeeding year unless a request is submitted to, and approved by, the Dean of the College.

cc: Business Office, Accounts Payable / Personal / Fund Posting