STUDY ABROAD INCENTIVE FUND APPLICATION

NOTE: Incentives will NOT be processed until all business matters have been addressed by the Comptroller's Office. Business matters include, but, are not limited to, reconciled travel advances and outstanding balances, submitting all invoices to the Comptroller's Office, and/or copies of filed insurance claims (Travel Guard/CISI), if applicable.

Date: _____ **School/Dept:** _____

Name: _____ **E-mail:** _____

Faculty ID Number: _____

Phone: _____ **Destination:** _____

Name & course number: _____ **Dates of travel:** _____

_____ **Total # of days Traveling:** _____

No. of students: _____

Name(s) of other faculty participating in trip: _____
Note: Each faculty participant must turn in an incentive application.

_____

_____

Payment options: (Please check one of the boxes below)

☐ Payroll check
- ☐ 10010-4596-6110-4100 Adm Salaries - Reg Sal & Wages
- ☐ 10010-4596-6165-4100 Adm Salaries - PT Sal & Wages

(subject to payroll taxes; paid on next regular paycheck)

☐ Deposit to restricted account # 29616-4596-8510-9500

Signature of applicant: _____ **Date:** _____

Do not write below this line

_____ Application approved

_____ Application denied, Reason: _____

Eligible Amount: $_____

Approved by:

_____ _____
Director of Sister School Programs Date