

Agenda



Attendance for meeting ✓

Faculty Meeting

October 14, 2014

1:30pm HMS North Room 115

- ✓ 1. Peruse newsletter.....will be sent after Thanksgiving
 - a. Provide any additional email addresses to jbarnes@sfasu.edu
 - b. She will coordinate with Alex
 - c. Past newsletters can be found at
- ① 2. Strategic Plan – Jennifer Newquist
 - a. Stephanie is part of College Team so coordinate college initiatives
- ✓ 3. Show case Saturday – Gina Causin
- ✓ 4. ORSP – Flora Farago
- ✓ 5. FEM (Olle) keeping information updated
 - a. How is FEM working? (all faculty)
- ② 6. Travel – Stephanie and Anne Marie
- ✓ 7. Curriculum Committee Update
- 8. Social Media Committee
- 9. Clinical Practice Committee
- 10. FTGOTO

Nov 12
1-4 p

Feb 18
March 25

Diversity Committee

Nancy-
TO-
Mize-

October 15th - new program
Oct 22nd - courses

FILL OUT

Justin
Flora
Rachel

College Council
October 3rd

TRAVEL AUTHORIZATION FORM

GENERAL INFORMATION	
Employee Name: _____	
Purpose of Trip: (Circle One) Conference Field Trip Interview Meeting Presentation Recruiting Research Study Abroad	
Description of Trip: _____	
Who are you traveling with: _____	
How will your courses & office hours be covered? _____	

ITINERARY	
Departure Date: _____	Return Date: _____
Departure Time: _____	Return Time: _____
Destination city, zip code: _____	

ESTIMATED EXPENSES		
	Amount	Method of Payment
Milage-#of miles: _____		Traveler
		*Attach Google Maps Google Maps
Meals (will automatically be calculated based on depart/return times)		Traveler
		*Federal Rate Table
Hotel (Circle One)		T-card or Traveler
		*T-card can only be used with HMS Funds
Hotel Tax (Circle One)		T-card or Traveler
		*T-card can only be used with HMS Funds
Registration (Circle One)		T-card or Traveler
		*T-card can only be used with HMS Funds
Airfare (Circle One)		T-card or Traveler
		*T-card can only be used with HMS Funds
Baggage Fees		Traveler
Taxi/Shuttle/Tolls		Traveler
Public Transportation		Traveler
Airport Parking		Traveler
Hotel Parking		Traveler
Total for ENTIRE trip \$ _____		
Amount requested from each fund below		
	Available as of this date	Amount for this travel
Professional Development		\$ -
ORSP		\$ -
Perkins		\$ -
Other: _____		\$ -
Attach any award letters to this form.		
*Potential Funds do not count		
*Perkins is not available until after travel		

HMS Travel money balance to carry to next travel: \$ _____

Signature Traveler: _____

Date: _____

Approval Director: _____

Date: _____