|  |  |  |
| --- | --- | --- |
| CAS EXTERNAL REVIEW  <Program name>  <contact>  <contact email>  Phone: | |  |
| Program | | | | |
| Reviewer  Lead  Reviewer 2  Reviewer 3 | |  | | |
| Address: | |  | | |
| Email address: | |  | | |
| Telephone number: | |  | | |
| Fax number: | |  | | |

|  |  |  |
| --- | --- | --- |
| CHECKLIST | | |
|  | Name as it appears on DL or Passport |  |
|  | Origination airport |  |
|  | Birthdate |  |
|  | Allergies (food, other) | [description] |
|  | Accommodations (physical, other) | [description] |
|  | Hotel reservation | [hotel confirmation number] |
|  | Flight confirmation | Confirmation number |
|  | Independent contractor form (original signature) |  |
|  | Invoice  Payment request completed |  |
|  | Travel Expense form (signed, social included)  Food receipts  Mapquest for mileage | |
|  | Agenda for Review  Breakfast:  Attendees  Location/confirmation  invitation sent  Invitations for staff meeting  Meeting with Dr. Siscoe scheduled (including\_\_\_\_\_)  Invitation for special group sent  Invitation for student group sent |  |
|  | Lunch reservation  Location/confirmation  attendees |  |
|  | Dinner reservation  Attendees:  Location/confirmation  invitation sent |  |
|  | Map to campus |  |
|  | Parking pass |  |
|  | Budget reconciliation |  |
|  | Transfer request (up to $4000.00)  Copies of all charges sent | Budget number |