|  |  |
| --- | --- |
| 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 ReviewBreakfast: [ ]  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 |