

## Graduate Student Professional Development Fund Activity Report Form

Name:

Graduate Program:

Development/Research Activity:

Dates of Attendance:

1.) How and to what degree did these funds help you to complete this work?

2.) How will your professional development plan build on this experience? Discuss the contacts you made or highlight the other papers/presentations/keynotes you attended and identify how they contribute to your work.

3.) If you presented a paper, is there an opportunity to pursue publication for the paper? Do you have plans to submit it?

4.) If research, what are the next steps in this research project? What is the final goal (academic credit? presentation? publication?)

5.) Did you have any particular Simmons faculty mentor in this work? Describe the nature of that mentoring.

*Please find an expense report attached. The expense report and accompanying documentation (receipts, bank/credit card statements, boarding passes, etc.) must accompany this report. All should be submitted no later than 10 business days after completion of the activity. Please submit electronic copies to [ifill@simmons.edu](mailto:ifill@simmons.edu) or paper copies to the Main College Building, C-116, Ifill Dean's Office.*

# SIMMONS UNIVERSITY TRAVEL RELATED EXPENSE REPORT

Note Cost Center and related worktags here:

Name \_\_\_\_\_ Dept. \_\_\_\_\_  
First M Last

Simmons ID# \_\_\_\_\_ Purpose of Expense \_\_\_\_\_

SECTION I: TRANSPORTATION									
<input type="checkbox"/> NONEMPLOYEE (520310) <input type="checkbox"/> EMPLOYEE (520300)									
Date	From	To	Air Fare	Taxi	Mileage Personal Auto Miles Rate	Toll Charge	Parking	Other	Total Expenditure
						@			
						@			
						@			
						@			
						@			
						@			
<b>SECTION I TOTAL</b>									

SECTION II: LODGING & MEALS							
<input type="checkbox"/> NONEMPLOYEE (520315) <input type="checkbox"/> EMPLOYEE (520305)							
Date	Name & Location of Hotel/Restaurant	Lodging	Breakfast	Lunch	Dinner	Names of Guests	Total Expenditure
<b>SECTION II TOTAL</b>							

SECTION III: OTHER EXPENSES			
Date	Description	Spend Category	Total Expenditure
	<input type="checkbox"/> Conference fee	520320	
	<input type="checkbox"/> Mobile expense	520630	
	<input type="checkbox"/> Other (Be specific and include spend category)		
<b>SECTION III TOTAL</b>			

APPROVAL		Home Address:	
Traveler's Signature	Date		
Approval Signature	Date		Total Expense
Approval Print Name	Date		Less Cash Advance < >
Cash Received By	Date	<input type="checkbox"/> <input type="checkbox"/>	Net Reimbursement

All check payments are mailed to the address provided.  
 This form is to be used for travel related expenses only.  
 Reimbursements of \$100 or less can be issued at the cashier's window (W-207).

*SIMMONS UNIVERSITY TRAVEL RELATED EXPENSE REPORT*

- \* This form is for use by persons not employed by Simmons University - Simmons employees should submit expenses in Workday. Employees may use this form *only* if submission is \$100 or less and received at the Cashier's Window - W207.
- \* Support for expenses must be itemized
- \* Receipts should be originals
- \* Incomplete forms will be returned
- \* Additional support for expenses may be requested by the Accounts Payable Office
- \* Expense reports should be submitted as quickly after completion of travel as is possible-preferably within twenty days
- \* "Related worktags" refers to additional Workday tags necessary to charge the proper cost center: these could be program, gift, grant, and/or additional worktags

*Use this space for any requested explanation or description of expenses*