

**ACTIVITY SUMMARY REPORT
FACULTY DEVELOPMENT PROGRAM
NORTH CAROLINA A&T STATE UNIVERSITY**

DIRECTIONS: Please process and file this faculty development activity report with your travel reimbursement not later than five (5) business days after activity has been completed. Retain one copy and forward one copy to the Office of the Associate Vice Chancellor for Academic Affairs.

NAME: _____ DATE: _____

SCHOOL/COLLEGE: _____

DEPARTMENT: _____

ACTIVITY TITLE: _____

DURATION OF ACTIVITY: _____

LOCATION OF ACTIVITY: _____ STATE: _____

PURPOSE OF ACTIVITY: _____

OUTCOMES: _____

AMOUNT OF FACULTY DEVELOPMENT GRANT: \$ _____

Please attach to this report receipts or other supporting documents and forward them to: the Associate Vice Chancellor for Academic Affairs for Undergraduate Programs, Suite 310 Dowdy Administration Building. Documentation should be provided for the following items listed below which are applicable.

- Airline Ticket Stub \$ _____
- Private Car Mileage Statement \$ _____
- State Car Mileage Statement \$ _____
- Parking Receipt \$ _____
- Hotel Receipt \$ _____
- Registration and/or Program Fee \$ _____

- Other Related Expenses, Please list:
- _____ \$ _____
 - _____ \$ _____
 - _____ \$ _____
 - _____ \$ _____

Signature: _____ Social Security No.: _____