

GUEST LECTURER/VISITING ARTIST REQUEST FORM



5163 Duke Street,
Halifax, NS B3J 3J6
902-444-9600

REQUESTED BY: _____

HONORARIUM:

CLASSIFICATION	
#1 CANADIAN _____	DATE OF REQUEST _____
#2 FOREIGN _____	FULL NAME _____
ASSIGNMENT PERIOD	ADDRESS(HOME) _____
START _____	CITY/PROV/STATE/CTRY _____
MM DD YEAR	CONTACT#/EMAIL ADDRESS _____
FINISH _____	CANADIAN SIN # _____
MM DD YEAR	
DAYS TOTAL _____	

Please describe assignment while at NSCAD

_____ \$ _____
DIVISIONAL ACCOUNT CODE AMOUNT OF PAYMENT IN LUMP SUM (CANADIAN FUNDS ONLY)
XX-X-XXXXXX-XXXXX

TRAVEL AND ACCOMMODATIONS:

DOES THE GUEST LECTURER/VISITING ARTIST REQUIRE TRAVEL ARRANGEMENTS YES NO
DOES THE GUEST LECTURER/VISITING ARTIST REQUIRE HOTEL ACCOMMODATIONS YES NO

MAXIMUM ALLOCATED BUDGET FOR TRAVEL: \$ _____
Division/Department Chair approval required if actual travel costs exceed the above budget

TRAVEL DETAILS

DEPARTURE CITY/AIRPORT _____
DEPARTURE DATE _____
RETURN DATE _____

TAXI TRANSFER FROM AIRPORT YES NO
KM REIMBURSEMENT YES NO # OF KM _____ @ \$.40/KM
PER DIEM #MEALS BREAKFAST \$10/DAY LUNCH \$15/DAY SUPPER \$20/DAY

ADDITIONAL NOTES: _____

APPROVALS:

DIVISIONAL CHAIR: _____
VP ACADEMIC AFFAIRS & RESEARCH: _____
DATED: _____

**SPECIAL NOTE: TRAVEL AND HOTEL WILL BE BOOKED AS PER POLICY GUIDELINES