

Faculty Regalia Form

Name: _____ Empl ID _____

Dept #: _____

Term: _____

Signature: _____

Date: _____

Comments:

By checking the box, I delegate my entry authority to the Shared Service Center, and I understand I am responsible for submitting my Travel and Expense report after entry.

Attach receipts

Send to your department staff contact and they will forward it to the Shared Service Center at UND.SharedServiceCenter@UND.edu or Stop 8253

Funding Source:
(Provost office ONLY)
