

**FLSA Program Plan**

**Program Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* At least 8 students have enrolled in the course and applied to the program

**Include a separate page for each of the following:**

* The **Budget** should include all expected expenses. Any expenses not included on the budget will not be reimbursed by the department, Academic Affairs, or International Programs. The chaperones may use approved department travel funds to cover expenses and will need to transfer funds to the Study Abroad (SA) account. Program funds may be provided by outside donors, department scholarships, etc. but will need to be transferred to the SA account. Please attach all available invoices.

* **Complete Itinerary** – List planned educational, cultural, and leisurely activities, including transportation and complete accommodation information (names, addresses, and contact information for all locations).
  + **No changes (see original proposal)**
* **Finalized Course Syllabus –** Materials for the course, reading selections, assignments associated with the trip, program expectations and outcomes, etc.
  + **No changes (see original proposal)**
* **Travel Request submitted (**[**form**](https://www.uncp.edu/sites/default/files/Images_Docs/Departments/School_of_business/For_Students/Forms/travel_request.pdf)**)**

If any changes have been made to the following items, please indicate below and attach relevant documentation:

* Risk factors
* Third-party provider information
* Faculty contact information
* Academic course information

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Student Payment Deadlines**
  + **No changes (see original proposal)**

|  |  |  |
| --- | --- | --- |
|  | **Date** | **Amount** |
| **1st Payment**  **(4 months prior to departure)** |  |  |
| **2nd Payment**  **( 3 months prior to departure)** |  |  |
| **3rd Payment**  **(2 months prior to departure)** |  |  |

* **Pre-Departure Orientation Dates**
  + **No changes (see original proposal)**

1st Session Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(3-4 months prior to departure)

2nd Session Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(1 month prior to departure)

**FINAL BUDGET**

(Include all faculty expenses in the program cost. For a complete list of payment methods, refer to the FLSA Handbook)

**Transportation**

*Flights (to and from the host country, and in-country)*

Numbers of Tickets: \_\_\_\_\_\_\_\_

Dates of Travel: Departure \_\_\_\_ /\_\_\_\_/\_\_\_\_ Return \_\_\_\_ /\_\_\_\_/\_\_\_\_

Preferred Departure Airport (name and code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Host Country Airport (name and code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Method of payment:

Choose one:

* Wright Travel
* Cash Advance
* Travel Card (IP)
* Reimbursement

Total: \_\_\_\_\_\_\_USD

*Ground (bus, train, taxi, subway, rental car, etc.)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Mode of Transportation** | **Prepay? (Y/N)** | **Payment Method** | **Cost (Local/ USD)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total:**  **USD\_\_\_\_\_\_\_\_**  **local currency\_\_\_\_\_\_\_\_** | | | |

**Lodging**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Prepay? (Y/N)** | **Payment Method** | **Due Date** | **Cost (Local/ USD)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total:**  **USD\_\_\_\_\_\_\_\_**  **local currency\_\_\_\_\_\_\_\_** | | | | |

**Meals**

Welcome Dinner: \_\_\_\_\_\_\_\_\_\_\_\_ USD \_\_\_\_\_\_\_\_\_\_\_\_ (local currency)

Good Bye Dinner: \_\_\_\_\_\_\_\_\_\_\_\_ USD \_\_\_\_\_\_\_\_\_\_\_\_ (local currency)

Other: \_\_\_\_\_\_\_\_\_\_\_\_ USD \_\_\_\_\_\_\_\_\_\_\_\_ (local currency)

**Total:**

**USD\_\_\_\_\_\_\_\_**

**local currency\_\_\_\_\_\_\_\_**

**Excursions**

Museums, historic sites, cultural events, guided tours, etc.:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Prepay? (Y/N)** | **Payment Method** | **Due Date** | **Cost (Local/ USD)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total:**  **USD\_\_\_\_\_\_\_\_**  **local currency\_\_\_\_\_\_\_\_** | | | | |

**Health**

*Student Insurance*: \_\_\_\_\_\_\_\_\_\_USD

**Faculty Costs**

*Visas*

Choose one:

* Cash Advance
* Travel Card (IP)
* Reimbursement
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total: \_\_\_\_\_\_\_USD

*Immunizations*

Choose one:

* Cash Advance
* Reimbursement
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total: \_\_\_\_\_\_\_USD

*Airport Parking*

* Cash Advance
* Pre-paid Visa
* Reimbursement
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total: \_\_\_\_\_\_\_USD

*Per Diem*

* Reimbursement

Total: \_\_\_\_\_\_\_USD

*Faculty Insurance*

* Paid by IP

Total: \_\_\_\_\_\_\_USD

Total Cost: \_\_\_\_\_\_\_ USD Total Cost per Student: \_\_\_\_\_\_\_ USD

Total Cost: \_\_\_\_\_\_\_ (local currency) Total Cost per Student: \_\_\_\_\_\_\_ (local currency)

**FUNDING SOURCES**

Will any outside funding be used for this FLSA? Yes No (If Yes, please indicate below)

* scholarships source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ amount: \_\_\_\_\_\_\_\_\_
* donors source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ amount: \_\_\_\_\_\_\_\_\_
* faculty travel budget source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ amount: \_\_\_\_\_\_\_\_\_
* personal payment source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ amount: \_\_\_\_\_\_\_\_\_

|  |
| --- |
| Director of International Programs |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_