



**ASHRAE  
DISTINGUISHED LECTURERS PROGRAM**

FOR OFFICE USE			
<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Receipts attached		
<input type="checkbox"/>	14-day Advance Purchase		

## DISTINGUISHED LECTURER SUMMARY REPORT

**To All ASHRAE Distinguished Lecturers:** The CTTC DL Subcommittee will use this feedback to track DL visits and budget constraints. Completion and submittal of this form is an essential part of your performance and continuance in the program.

Name:		Email:	
Address:		Phone:	
Lecture Date:	Travel Dates:		
	Depart:	Return:	
Multi-Chapter Visit:	Host Chapter/Chapter(s) Visited:		
<input type="checkbox"/> Yes <input type="checkbox"/> No			

1. Lecture Topic: \_\_\_\_\_

2. Additional Comments. To assist ASHRAE in continuously improving the quality of the Distinguished Lecturers Program, your comments and feedback are very important to us. Please provide a brief assessment of the program below. Thank you!

A/V provisions for the meeting: \_\_\_\_\_

Transfer to/from airport: \_\_\_\_\_

Hotel accommodations: \_\_\_\_\_

Other: \_\_\_\_\_

**TRANSPORTATION – Allocated Visits Only** (Please attach receipts for all listed expenses)

1. Air Travel		\$ _____
<input type="checkbox"/> Check here if charged to ASHRAE AMEX and attach ticket receipt showing amount		
2. Automobile Rental		\$ _____
3. Private Vehicle    Miles _____	The rate will be the most recently approved IRS mileage rate. To be filled in by Headquarters.	\$ _____
4. Other Modes of Transportation (Bus/Train/Boat)		\$ _____
5. Visa		\$ _____
<b>Total Reimbursement</b>	<input type="checkbox"/> USD <input type="checkbox"/> CND	\$ _____

Complete form, attach receipts, and send it within **14 days** of completion of lecturer visit to:  
[chapterprograms@ashrae.org](mailto:chapterprograms@ashrae.org)

Signature:	Date:
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