Type Date Here

Site Visitor Name

Site Visitor Title

Department

Institution Name

Mailing Address

City, State Zip Code

Site Visitor Email Address

Dear Visitor Salutation:

Thank you for accepting our invitation to participate in the Academic Program Review of the Full Department/APR Name at Arizona State University. Your objective and comprehensive assessment of our programs is invaluable to help maintain quality programs at ASU and to assure that we find opportunities for improvement. The site visit dates have been scheduled for Date and Days of APR Site Visit (ex. January 14-15, 2019, Monday and Tuesday).

We’re particularly grateful for local community members and former graduates like you as you bring your insider’s knowledge of the department and its inner workings to the conversation.

**Parking at ASU:**

Please add instructions here for the local site visitor with directions to parking, your building location and how to validate their parking or obtain a parking pass from the unit…and change text color to black

**Meals**:

You will need to obtain separate receipts for any meals **not provided by ASU** while you are on campus during the visit and submit them with the reimbursement claim form. Reimbursements for Meals (excluding alcohol) is generally limited to $46.00 per day. As a public university, ASU does not provide reimbursement for alcohol. Please pay for any alcohol on a separate check. If you are reimbursed for meals in excess of the daily $46.00 limit, the excess amount must be coded by the university as income to the consultant. Therefore, any excess amount will be added to the honorarium to be considered additional income.

**Honorarium**:

Once we have received your final Site Visit Report, your honorarium will be processed along with your expense reimbursement.

Please let us know if you have any questions. Again, we appreciate your willingness to take time out of your busy schedule, and we look forward to your visit.

Sincerely,

Unit Head

Title

Program/Unit

Attachment: reimbursement claim form