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| Application Approved/Disapproved Date: Amount: |
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|  | <h2 style="margin: 0;">Professional Travel Grant Program</h2> <h3 style="margin: 0;">Application Form</h3> <h3 style="margin: 0;">2010-2011</h3> |
|---|--|

Please complete both pages of the application:

| | | |
|---|--|----------------------------|
| NAME: | | WSU PID No: |
| Department: | | Phone: |
| Office Address: | | Email: |
| Academic Staff Classification: | | |
| Years at Current Classification: | | Total Years at WSU: |
| Name of Conference/Activity you are attending: | | |
| Are you <input type="checkbox"/> Presenting At <input type="checkbox"/> Attending this event <input type="checkbox"/> Board Member or other official capacity (Check one) | | |
| Conference Location and Dates: | | |
| Reimbursement Amount Requested from the ASPDC Travel Grant Program <i>(maximum amount available per person per fiscal year is \$800.00) **Not to exceed 50% of travel.</i> | | \$ |
| Have you already received an ASPDC travel grant in this fiscal year (Oct 1, 2010 – Sept. 30, 2011)? If yes, please specify the amount. | | Yes/No |
| | | \$ |
| List ASPDC events you attended in the last six months | | - - - - |

Signatures

_____ (Applicant) **Date:** _____

_____ (Dean/Director) **Date:** _____

Please complete all columns and rows showing both expected expenses and expected sources of funds. The Academic Staff Development Committee shares this budget information with appropriate departments on a regular basis to ensure a coordinate review of joint requests. *****Do Not Leave Any Lines Blank *****

| Allowed Expenses | Amount \$ | Office Use only \$ |
|---|------------------|---------------------------|
| Meals: No. of days____x <i>per diem</i> \$ 42.50 | | |
| Taxi and/or Limousine | | |
| Parking | | |
| Lodging: No. of days__ x Daily Rate__ | | |
| Rental Car | | |
| Auto Mileage | | |
| Conference Registration Fee | | |
| Transportation: Type: Destination: | | |
| Miscellaneous expenses: (<i>please elaborate</i>) | | |
| Total Should Equal TAER Amount | | |

| Expected Source(s) of Funds | Amount \$ | Office Use \$ |
|--|------------------|----------------------|
| ASPDC Travel Grant Reimbursement: (not to exceed 50% of total cost or \$800) | | |
| College/Division: | | |
| Department: | | |
| External: (indicate sources) | | |
| Personal or Other: | | |
| TOTAL | | |

Your application packet should include two sets, an original and one copy, of the following. Please check off in the second column:

| | |
|--|--|
| 1. ASPDC Travel Grant Application Form | |
| 2. Program and/or other documentation of the activity you are attending. | |
| 3. Brief description of the project and its relationship to your professional development. | |
| 4. A copy of the department's approved TAER. (Do Not Send Original.) | |

Submit to:

ASPDC Travel Grant Program Subcommittee Chair
 Geraldine Johnson, Academic College Enrichment Services
 1330 A/AB
 313-577-7671
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