

Application Approved/Disapproved  
 Date:  
 Amount:



## Professional Travel Grant Program Application Form 2011-2012

*Please complete both pages of the application:*

<b>NAME:</b>		<b>WSU PID No:</b>
<b>Department:</b>		<b>Phone:</b>
<b>Office Address:</b>		<b>Email:</b>
<b>Academic Staff Classification:</b>		
<b>Years at Current Classification:</b>	<b>Total Years at WSU:</b>	
<b>Name of Conference/Activity you are attending:</b>		
Are you <input type="checkbox"/> Presenting At <input type="checkbox"/> Attending this event <input type="checkbox"/> Board Member or other official capacity (Check one)		
<b>Conference Location and Dates:</b>		
<b>Reimbursement Amount Requested from the ASPDC Travel Grant Program (maximum amount available per person per fiscal year is \$800.00) **Not to exceed 50% of travel.</b>	\$	
<b>Have you already received an ASPDC travel grant in this fiscal year (Oct 1, 2011 – Sept. 30, 2012)? If yes, please specify the amount.</b>	<b>Yes/No</b>	
	\$	
<b>List ASPDC events you attended in the last six months</b>	-	

**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 per diem \$ 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>		
<b>Total Should Equal TAER Amount</b>		

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

**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. <b>(Do Not Send Original.)</b>	

**Submit to:**

ASPDC Travel Grant Program Subcommittee Chair  
 Geraldine Johnson, Academic College Enrichment Services  
 1330 A/AB  
 313-577-7671  
[jerrijohnson@wayne.edu](mailto:jerrijohnson@wayne.edu)