



Please complete all columns and rows showing both expected expenses and expected sources of funds. The Academic Staff Professional Development Committee shares this budget information with appropriate departments on a regular basis to ensure a coordinated 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> )		
<b>Total should equal the amount in the attached approved Travel Request printed from the Concur Travel Wayne System.</b>		

Expected Source(s) of Funds	Amount \$	Office Use \$
ASPDC Travel Grant Reimbursement: (not to exceed 50% of total cost or \$800, or 100% of travel \$300 or less)		
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 the document(s) included to ensure submission of a complete application. Incomplete packets will be returned.**

1. ASPDC Travel Grant Application Form	
2. Program and/or other documentation of the activity you are attending.	
3. Brief description of the conference/activity and its relationship to your professional development.	
4. A copy of the Travel Request printed from the Concur Travel Wayne System.	

**Submit to:**

ASPDC Travel Grant Program Subcommittee Chair  
 Geraldine Brown, Office of Federal TRIO  
 1330 A/AB  
 313-577-7671  
[jerrijohnson@wayne.edu](mailto:jerrijohnson@wayne.edu)