Application Approved/Disapproved Date: Amount:



Professional Travel Grant Program Application Form 2014-2015

Please complete both pages of the application.

Name:	WSU PID No:
Department:	Phone:
Office Address:	Email:
Academic Staff Classification:	
Years at Current Classification:	Fotal Years at WSU:
Name of Conference/Activity you are attending:	
Are you (Check one) Presenting Attending Board Mo Conference Location and Dates:	ember or other official capacity
Reimbursement Amount Requested from the ASPDC Program (maximum amount available per person per fits \$800.00) **Not to exceed 50% of travel or 100% for travel structure for the second secon	iscal year is
Have you already received an ASPDC travel grant in (Oct 1, 2014 – Sept. 30, 2015)? If yes, please specify th	this fiscal year
List ASPDC events you have attended in the last six m	ionths

Signatures

 (Applicant)	Date:
 _(Dean/Director)	Date:

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 daysx 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: (please elaborate)		
Total should equal the amount in the attached approved Travel Request printed from the Concur Travel Wayne System.		

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:		
TOTAL		

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.	
4. A copy of the fraver request printed from the Concur fraver 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