

Application Approved/Disapproved  
 Date:  
 Amount:



## Professional Travel Grant Program Application Form 2013-2014

*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>  |                            |                    |
| <b>Are you (Check one)</b>   |                            |                    |
| <input type="checkbox"/> Presenting <input type="checkbox"/> Attending <input type="checkbox"/> Board Member or other official capacity  |                            |                    |
| <b>Conference Location and Dates:</b>  |                            |                    |
| <b>Reimbursement Amount Requested from the ASPDC Travel Grant Program</b> <i>(maximum amount available per person per fiscal year is \$800.00) **Not to exceed 50% of travel or 100% for travel \$300 or less.</i> |                            | \$                 |
| <b>Have you already received an ASPDC travel grant in this fiscal year (Oct 1, 2013 – Sept. 30, 2014)? If yes, please specify the amount.</b>  |                            | Yes/No             |
|  |                            | \$                 |
| <b>List ASPDC events you have 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 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:<br>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:<br>(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)