WHITMAN COLLEGE

FACULTY REQUEST FOR ASID FUNDING

Name: _____ Date submitted: _____

Department: _____ Activity Dates: _____

Meeting or Project Name: _____

Location: _____

Does this trip include international travel with a student? Yes ☐ No ☐ *If yes, please see:* *http://www.whitman.edu/content/ocs/faculty/faculty-led-trips*. Whitman College **requires** the faculty-trip leader to have a cell phone with international capability with them on the trip. If the faculty trip leaders US cell phone does not have international capabilities, you may rent a phone from Cellular Abroad or another service provider. Please note that trip leaders should be sure to include the cost of the cell phone in your trip budget.

Please indicate the nature of your funding request by checking one of the below:

☐ A. Professional meeting, workshop or conference.

Will you be presenting? Yes ☐ No ☐

Title of paper to be presented:

Will you be chairing a session? Yes ☐ No ☐

Title of session to be chaired:

☐ B. Scholarly or Research Project:

Describe the project and its significance. Justify the location and duration of the project and the need for funding.

What scholarly results do you anticipate from this project (publication, performance, other).

☐ C. Instructional Development Project

Describe the project and in what way it will benefit the learning of students in your courses.

Itemized anticipated expenses.

1)	Airfare:	**$**		*7)*	Ground Transport/Parking:	**$**
2)	*Lodging:	**$**	(# nights @ $00)	*8)*	Other (*please explain*):	**$**
3)	*Meals:	**$**				
4)	Registration:	**$**	*Total estimated costs for this trip:*		**$**	*Add lines 1 to 8*
5)	Car Rental:	**$0**	*PDA Funds applied to this trip (if any):*		**$**	
6)	Mileage (.555):	**$0**	***Total ASID funding request:***		**$**	

**Int'l travel maximum allowance for food AND lodging combined is $1,500. US Travel average maximum food allowance is $75 a day, original receipts are required for all reimbursements, Whitman College does not pay a per diem for meals.*

Do you have other support for this work? Yes ☐ No ☐ *If yes, please explain:*

PDA FUNDS ALLOCATION:

The ASID Committee expects you to have used (or designated the use) of your PDA funds before requesting additional funds from ASID. If additional funds are requested from ASID, the committee expects that no more than $500 of the PDA funds will have been designated for non-travel expenditures. Please describe in **detail** how you have used (or plan to use) your PDA funds. This section must be completed in order for the ASID Committee to consider your request.

Activity	Date	Amount
		$
		$
		$
		$

Please give specific results of your most recent work that was supported by ASID/PDA funds:

Complete a separate form for each meeting or project. Submit this completed form to the Office of the Provost and Dean of the Faculty, c/o Lore Fauver, either by e-mail attachment or campus mail.