

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>.

1. 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 or performing a professional leadership role? Yes No

Title of session to be chaired or description of role:

Other role at the meeting (please describe):

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.

Four ASID funding cycles:

Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	
Apply by Sept 15th												
		Apply by Nov 15th										
						Apply by Feb 15th						
									Apply by April 15th			

2. Itemized anticipated expenses.

1)	*Airfare:	\$	7)	*Meals:	\$
2)	Registration	\$	8)	*Lodging: (# nights @ \$	\$
3)	Parking/Ground Transportation:	\$	9)	Total estimated costs for this trip: (Add lines 1 to 8)	\$
4)	Car Rental:	\$	10)	Minus PDA Funds applied to this trip (if any)	\$
5)	Mileage: (0.58)	\$	11)	Minus Other Funding (if any): (Example: dept., external grant, endowment etc.)	\$
6)	Other (Please explain)	\$		Total ASID funding request:	\$

Do you have other support for this work? Yes No *If yes, please explain, and provide the amount in the itemized anticipated expenses above (#11):*

**Maximum allowance for lodging is \$2,000; Airfare upgrades and travel insurance are generally not permitted; Daily average maximum food allowance is \$75 per day with maximum of \$375. Itemized original receipts are required as Whitman College does not pay a per diem for meals.*

3. PDA FUNDS ALLOCATION: (If applicable)

*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 \$750 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. **You may request a copy of your current ASID/PDA worksheet from Qi or Ruth to ensure that the section below is accurate.** This section must be completed in order for the ASID Committee to consider your request; incomplete applications will be returned.*

	<u>Amount</u>
<u>PDA</u> (Fiscal year: July 1 – June 30)	\$
<u>1). PDA rolled over from prior year, (if any)</u>	Add \$
<u>2). Deficit from prior year, (if any)</u>	Minus \$

Please explain the deficit:

Total PDA available beginning fiscal year:	\$
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3). PDA Non travel expenses (total fiscal year):

Minus \$

4). Activities/expenses completed:

(please group activities/expenses)

Date(s)

Minus

\$

\$

\$

\$

5). Activities/expenses to be completed up to the funding period (please group activities/expenses)

Minus

\$

\$

\$

Amount of PDA available for this trip (Enter on line 10 above)

\$

4. Please give specific results of your most recent work that was supported by ASID 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 [Qi Jia](#), either by e-mail attachment or campus mail. If you have questions about explaining your project or budget, please contact Helen Kim.