REQUEST FOR VISITING EDUCATOR SUPPORT				Submission Date:			
To:	Helen Kim, Associate Dean of the Faculty			Request for:	Fall	Spring Semester	
From:							
	Faculty member			Dates of Visit (approximate)			
	Donoutmont			Nama	£ \$ 71 - 141	C. d	
	Department		Name of Visiting Educator				
	Contact Information for VE: _		Address				
			Address				
		City, State 2		L ip			
			E-mail				
Anticipa	ated following schedule	of meetings and/or p	presentation	s (<u>must include publi</u>	c presentati	on). Please give	
specific	information, i.e. area	of specialization, ti	tle of preser	ntation, contribution	n to curricı	ılum:	
Anticipa	ated Expenses: Please in	nclude vour best estimate	e for each expe	nse.			
· · · · · · · · · · · · · · · · · · ·	area Emperioest Trease in	iciade your sest estimate	Tor each exper	isc.			
	Advertising (flyers/posters/ads)			BUDGETING (GUIDELINE	ES can be found at <u>here</u>	
	TT		And click <u>here</u> to	o fill out the Event Advertising Form			
	Honorarium (\$500 maximum)						
	Transportation	Transportation (Mileage reimbursement rate is 57.5					
	cents) Event Support (IMS) ims@whitman.edu			1			
	Lodging	nights @		\$120+Tax on weekday			
			(est. cost)	\$150-\$300 on weekend	S		
		Meals/Reception (lunch, dinner, post lecture reception)					
	In order to keep costs within reason, we suggest that only the members of the department whose professional interests are closest to those of the guest accompany him/her to dinner. Meal costs can be no more than \$60 per person pre-tax and gratuity.						
\$	Total Estimate	Total Estimated Costs					
A 1 10/0	nal Cammants						

Additional Comments:

This budget request must be submitted to Helen Kim, C/O Qi Jia (<u>jiaq@whitman.edu</u>) **no later** than two months for domestic travel and five months for international travel prior to the anticipated visit date. The requests are typically limited to one department/program per academic year.