University of Wisconsin-Superior ACADEMIC STAFF PROFESSIONAL DEVELOPMENT GRANT FUNDING REQUEST FORM

Please see grant guidelines before completing this form and attach ALL REQUIRED supporting documentation to this form.

Proposed professional development/conferen	ce title:
Location:	Date:
Submitted by:	
Signature:	Date:
Department:	Phone Number:
List professional development grants you hav	ve received in the past three years:
Brief overview of the conference (no more the department, students and/or the institution we	, 1
	this proposal and authorizes the applicant's leave this grant and anticipates no problems of a fiscal or led:
Signature:	Date:

Department chairperson, director or supervisor

BUDGET DETAIL AND JUSTIFICATION

Travel: (If traveling in private auto, be aware that the university will fund the lowest rate allowable per mile. For the current rate, call the Business Office (x8384)

	Amount Requested	
Mode of Travel (air, car, etc):		
Lodging		
Meals		
Registration fee (if applicable)		
Other (Please describe):		
	GRAND TOTAL (limited to \$1,000)	
Frank and and Staff Samue Han Onland	, , , ,	
For Academic Staff Senate Use Only:		
☐ Met deadline date		
□ Proposal is during the fiscal year for which funding is being requested		
Appropriate signatures and cost estimates at	re included	