REQUEST FOR CULTURAL CURRENCY TRAVEL FUNDING

to the University Enrichment Committee

Due February 1, 2014

NAME: ____________________________ DEPARTMENT: ____________________________

TELEPHONE: ___________ E-MAIL ADDRESS: ____________________________ CMB ________

DESTINATION: ____________________________________________________________________

DATES OF VISIT: __________________________________________________________________

1. **Written Statement**: Attach an application that specifies (1) the teaching program to be sustained by the award, (2) the activities planned for the award period, (3) a detailed budget (attach an explanation of any items which need clarification), and (4) the reasons why other funding is unavailable for foreign travel/residence.

2. **Budget Proposal**

   Total Budget Requested: $__________

   **Transportation:**
   - Airfare $__________
   - Local Transportation $__________
   - # of Auto Miles _____ x $0.555/mile = $__________

   **Lodging and Meals** $__________

   **Other Expenses (Please itemize on attached sheet)** $__________

3. **Foreign Travel Waivers**: Please list the name of all countries where you plan to travel:

   - Please sign a *Waiver, Release, and Indemnification Agreement for Faculty Foreign Travel* form and include a copy with your application materials, [http://www.pugetsound.edu/academics/faculty--staff-resources/professional-development](http://www.pugetsound.edu/academics/faculty--staff-resources/professional-development).


   - If “yes”, please include a signed *Special Waiver and Acknowledgement for Faculty Foreign Travel* form, [http://www.pugetsound.edu/academics/faculty--staff-resources/professional-development](http://www.pugetsound.edu/academics/faculty--staff-resources/professional-development).

   *As the applicant, and upon completion of the trip, I agree to provide the University Enrichment Committee with a report and to provide the Office of the Controller with the required expense receipts and accounting documentation.*

   ___________________________________________ ______________________________
   **Applicant** **Date**

   *As the department chair/school director, I agree to assess professionally the report requested by the University Enrichment Committee.*

   ___________________________________________ ______________________________
   **Department Chair/School Director** **Date**

Please send your Cultural Currency Application by February 1, 2014 to Associate Dean Sunil Kukreja, CMB 1020, Jones 212.

Rev. 7/13