**DETAILS OF ACADEMIC SUPPORT GRANT**

|  |  |
| --- | --- |
| **Name of SDDC** |  |
| **Grant Ref. No. (per letter of award)** |  |
| **Requestor Details** | **Name:****Designation:** |
| **Financial Year** | **FY** |

Application has to be received by your Duke-NUS Academic Programmes Management Department’s point-of-contact **at least 3 months** prior to the Study Trip with the details/ supporting documents for Overview of programme for the trip, airfare quotation from SingHealth Travel Management Company, etc attached.

SDDC is to submit study trip plan as part of its annual workplan & budget during SDDC Core Funding Grant Call for Group Director (Office of Academic Medicine), SingHealth / Vice Dean (Office of Academic Medicine), Duke-NUS’ overview.

 **No expenditure is permitted prior to obtaining the relevant approvals as indicated.**

1. **TYPE OF REQUEST** *(Please select accordingly)*

[ ]  Approval for Study Trip (SDDC has informed JOAM about this study trip through SDDC Core Funding Grant Call.)

[ ]  Approval for Study Trip (SDDC has not informed JOAM about this study trip through SDDC Core Funding Grant Call. Kindly provide justification on the decision to conduct ad-hoc study trip below.)

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1. **OBJECTIVES & DELIVERABLES OF TRIP**

(Include tangible outcomes e.g. how it will benefit the SDDC)

1. **DURATION OF TRIP**

From [Date] to [Date]

1. **PLACE(S) OF VISIT**
2. **PARTICIPANTS & OBJECTIVES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S/N** | **Name of Participant(s)** | **Designation(s)** | **Objective(s)** | **Flight Class** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

Please attach list if there are more than 4 participants.

1. **EXPENDITURE TO BE INCURRED**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Items** | **Cost/pax/day (S$)** | **No. of days** | **No. of pax** | **Total Cost in Foreign Currency (indicate Foreign Currency)** | **Total Cost (S$)** |
| Airfare |  |  |  |  |  |
| Subsistence Allowance  |  |  |  |  |  |
| Others *(please provide itemised list)* |  |  |  |  |  |
| **Total**  |  |  |  |  |  |

1. **BUDGET AVAILABLITY**

|  |  |
| --- | --- |
| a. Approved Budget for Study Trip (S$)*(As per Letter of Award/ latest approved Variation as of DD/MM/YY)* |  |
|  |  |
| **b. Current Request for Study Trip Approval (S$)** |  |
| **c. All Previously Approved Study Trip Quantum (S$)** |  |
| **d. Cumulative Quantum [b+c] (S$)** |  | **e. % against total approved budget [d/a]:**  |

1. **SUPPORTED BY**

|  |  |  |
| --- | --- | --- |
| **NAME, TITLE & SIGNATURE OF HEAD OF SDDC**  |  | **DATE** |

***For Official Use Only***

Reviewed via Duke-NUS eWorkflow System. Please refer to **Document eApproval – Audit Trail Report** for the outcome of your request. Do note that Signee is Duke-NUS Academic Programmes Management Department’s authorised signatory.