**DETAILS OF ACADEMIC SUPPORT GRANT**

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

Application has to be received by AM Finance at least 2 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.

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

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

☐ Approval for First Study Trip

☐ Approval for Subsequent Study Trip (Please attach approval forms for previous study trips.)

1. **OBJECTIVES & DELIVERABLES OF TRIP**
2. **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**

|  |  |
| --- | --- |
| Approved Budget (S$) |  |

|  |  |
| --- | --- |
| **a. All previously approved quantum (S$)** |  |
| **b. Current request for approval (S$)** |  |
| **c. Cumulative quantum [a+b] (S$)** |  | 1. **% against total approved budget:     %** |

1. **SUPPORTED BY**

|  |  |  |
| --- | --- | --- |
| **NAME, TITLE & SIGNATURE OF ACADEMIC CHAIR** |  | **DATE** |

**JOINT OFFICE OF ACADEMIC MEDICINE**

🞏 Approved

🞏 Not Approved

|  |  |  |
| --- | --- | --- |
| **SENIOR ASSOCIATE DEAN (ACADEMIC MEDICINE), DUKE-NUS/**  **GROUP DIRECTOR (ACADEMIC MEDICINE), SINGHEALTH** |  | **DATE** |

**COMMENTS** (*If any)*

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