**FUNDING REQUEST – THINGS TO KNOW**

**MATERIALS NEEDED**

1. ONE copy of the Cover Sheet and Application
2. ONE copy of the Travel Authorization form

**NOT COVERED BY THIS ALLOCATION**

(1) Food (Meals, Snacks, Alcoholic and Non-Alcoholic beverages)

(2) Third party reimbursements (per UA Policy)

(3) Honoraria

(4) Stipends (“cash”) for self or others

(5) Technology (iPads, Laptops, TVs, Video Cameras, Photographic Cameras)

**IMPORTANT REMINDERS**

Please remember that if you are traveling, you **MUST** submit a completed travel authorization form **PRIOR** to your departure. Failure to submit a travel authorization in a timely manner may not affect your application process at the Departmental level, but FSO (The Financial Services Office) may refuse approval of reimbursement for not following UA Policy. Departmental approval for funding does not guarantee funding, this is dependent on timely submission of documents and providing the documents needed for reimbursement. Original receipts are required for reimbursement. For information about per diem rates allowed, pre-travel policies and reimbursement policies, please visit <https://history.arizona.edu/pre-travel> as well as <https://history.arizona.edu/post-travel>. Maximum allowable hotel expenses and per diem rates depend on city and dates of visit; by UA FSO policy we cannot award per diem costs that exceed the allowances indexed on their website. Priority will be given to those presenting at conferences.

Submit a Word or PDF version of your application via email to Katherine Morrissey (kmorriss@arizona.edu) and, when approved, send a copy to Maggie Trinkle (mtrinkle@arizona.edu).

**COVER SHEET**

|  |
| --- |
| **[ ] M.A. Student [ ] Ph.D. Student [ ] Faculty**  |

 **APPLICATION DATE: / /**

**A. APPLICANT**

FULL NAME:

 Last Name First Name M.I.

PHONE: ( ) — [ ] WORK [ ] CELL [ ] HOME

UA E-MAIL ADDRESS:

**B. FUNDING PURPOSE**

To meet FSO requirements, provide a brief description of how this funding will be used. If appropriate, include the conference name, date(s), and location.

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**C. BUDGET**

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| --- | --- |
| Expense Description and Justification | Amount |
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|  |  |
|  |  |
|  |  |
|  |  |
| ***Total Funding Requested*** | $ |

**APPLICATION**

**Proposal** Please use the space below to provide details about your funding request. For example: For conference travel, include an abstract of your paper and/or explain your role at the conference, and discuss the value of the conference for your professional development. For research travel, describe the research project, outline your schedule, detail the research sources/activities in which you will be engaged, and discuss the value of this travel for your work.

**Have you applied to other sources of funds? If so, please list them here**.

**FOR DEPARTMENT USE ONLY**

Application Received On: / /

**FUNDING WAS: [ ] APPROVED [ ] DENIED Funding approved: $**

**Approver Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_