**FUNDING REQUEST – THINGS TO KNOW**

**MATERIALS NEEDED**

1. ONE copy of the 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 Alison Futrell (afutrell@email.arizona.edu) with a copy to José Garcia (jgarcia3@email.arizona.edu).

**APPLICATION**

|  |
| --- |
| **[ ] 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**

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 | Amount |
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|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| ***Total Funding Requested*** | $ |

**FOR DEPARTMENT USE ONLY**

Application Received On: / /

**FUNDING WAS: [ ] APPROVED [ ] DENIED**

**Funding approved: $**

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