Department of History

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).

Department of History

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.

_____

_____

_____

C. BUDGET

Expense Description	Amount
Total Funding Requested	$