**Department of Spanish and Portuguese**

**Faculty/Staff/Student Funding Request Application**

**Instructions:**

* The application must be submitted at least 30 days in advance.
* Submit the completed application to Fabiola Parra via email fabi@unm.edu or in Ortega Hall Room 235D.
* You will receive a decision via email. If awarded, you will be notified of the exact amount.
* Must submit original receipts in order to obtain reimbursements.
* Travel receipts must be submitted within **fifteen (15) days** after the travel is completed. Non-travel receipts (copies, food for event, etc.) must be submitted within **five (5) days** after the purchase.

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| Applicant Information |
| Today’s date:  |
| Name: | Email: |
| Position at UNM: Faculty\_\_\_\_ Staff\_\_\_\_ Student\_\_\_\_ |
| Purpose of funding application: Travel Support\_\_\_\_ Event\_\_\_\_  |
| travel support funding - *ONLY* |
| Reason for Travel: \_\_\_ Paper Presentation \_\_\_ Session Chair/Moderator \_\_\_ Conference Chair/Executive Board Member \_\_\_ Poster session \_\_\_ Panel Participant \_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of Conference: | Conference Website: |
| Travel Destination (City, State): | Departure date:  | Return date: |
| Title of paper/panel: |
| event funding - *only*  |
| Title of event & Brief Description of Event: |
| Date and time of event: | Location of event: |
| Estimated size of audience: | Type of audience (faculty, student, staff, and/or community members) :  |
| Name of Speaker(s) & provide an overview of speaker’s background: *(CV must be submitted along with this form)* |
| BUDGET  |
| **List of Expenses** | **Requested from S&P** | **Requested from other Sources** | **Total Cost** |
| Airfare |  |  |  |
| Lodging |  |  |  |
| Per Diem *(guest only)*  |  |  |  |
| Registration |  |  |  |
| Honorarium |  |  |  |
| Publicity |  |  |  |
| Other |  |  |  |
| Other |  |  |  |
| **TOTAL:** |  |
| **Budget Justification**Please explain how the money requested from S&P will be used:  |
| Signature |
| Signature of applicant: | Date: |
| FOR dEPARTMENT USE ONLY |
| Date: |
| Funding Amount approved: | Funding Source: |
| Funding Declined-Reason: |