**Department of Spanish and Portuguese**

**Events Funding Request Application**

**Instructions:**

* The application must be submitted at least 30 days in advance.
* Submit the completed application to Fabiola Parra-Oldham via email [fabi@unm.edu](mailto:fabi@unm.edu)
* 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.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | |
| **Today’s date:** | | | | | | |
| **Name:** | | | | **Email:** | | |
| **Position at UNM:** Faculty\_\_\_\_ Staff\_\_\_\_ Student\_\_\_\_ | | | | | | |
| event funding | | | | | | |
| **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 |  | | |  | |  |
| Honorarium |  | | |  | |  |
| Publicity |  | | |  | |  |
| Other |  | | |  | |  |
| Other |  | | |  | |  |
| Other |  | | |  | |  |
| **\*Per diem:**  **TOTAL:**  Travel within the 48 continental United Stated:  <https://www.gsa.gov/travel/plan-book/per-diem-rates/per-diem-rates-lookup>  Instate per diem allowance: $85 actual lodging and meal costs  $51 meal and incidental rate only  International Per diem allowance: $115 actual lodging and meal costs | | | | | |  |
| **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:** | | | | | | |