**Department of Spanish and Portuguese**

**Student Conference/Workshop Funding**

**Instructions:**

* The application must be submitted at least 30 days in advance.
* Submit the completed application to Fabiola Parra-Oldham via email at 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.

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| Applicant Information |
| **Today’s date:**  | **Funding Source:** (*please select one)* \_\_ Cristobal de Avila Student Fund *(restricted to themes on Spanish Linguistics or Heritage Learning of Spanish)****\_\_*** S&P Student Fund |
| **Name:** |
| **Banner ID:** | **Email:** |
| **Reason for Attendance:** \_\_\_ Paper Presentation \_\_\_ Session Chair/Moderator \_\_\_ Conference Chair/Executive Board Member \_\_\_ Poster session \_\_\_ Panel Participant \_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Name of Conference or Workshop:** | **Conference / Workshop Website:** |
| **Travel Destination (City, State):** | **Departure date:**  | **Return date:** |
| **Title of paper/panel:** *(abstract must be submitted along with this form)***If not presenting, explain how this conference will help you in your professional development:** |
| BUDGET  |
| **List of Expenses** | **Amount Requesting from S&P** | **Amount Requesting from other Sources** | **Total Cost** |
| Airfare/Mileage  |  |  |  |
| \*If driving, please provide 3 different airfare quotes (round-trip) with your funding request. The quotes should be for the dates you would have flown, not actual dates of driving |
| \*Lodging |  |  |  |
| \*Is this the conference hotel \_\_\_\_\_Yes \_\_\_\_\_ No If not, please provide an explanation why the conference hotel is not being utilized and include the rate at the conference hotelPolicy 4030 Section 12.4**Explanation:** |
| \*Per diem |  |  |  |
| Registration |  |  |  |
| Membership |  |  |  |
| 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 onlyInternational Per diem allowance: $115 actual lodging and meal costs |  |
| Signature |
| **Signature of applicant:** | **Date:** |
| FOR dEPARTMENT USE ONLY |
| **Date:** |
| **Funding Approved:** |
| **Funding Amount approved:** | **Funding Source:** | **Funding Declined-Reason:** |