

Fulbright College of Arts and Sciences

Request for Funds from the ARSC Faculty Travel Account

October 1, 2018 – September 30, 2019



UNIVERSITY OF  
ARKANSAS

Faculty Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ %Appointment to Fulbright College \_\_\_\_\_

Name of Meeting: \_\_\_\_\_

Location of Meeting: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Meeting Begins: \_\_\_\_\_ Meeting Ends: \_\_\_\_\_ Return: \_\_\_\_\_

Title of Presentation: \_\_\_\_\_

Nature of Participation: \_\_\_\_\_

Type of Meeting: \_\_\_\_\_ Total Requested: \$ \_\_\_\_\_

Justify your attendance at this meeting in terms of importance to your field and visibility for your work and for the University. Explanation, justification, or clarification of any unusual item should also be given below or in an attachment.

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*Attach a **one-page** summary of publications and paper presentations, or other evidence of creative activities, for the past three years.*

Although the total cost of a trip may exceed \$1000, note that the maximum amount available from ARSC travel account for one trip is \$1000. When you enter your TA, please list the ARSC cost center first with \$1000 as the limit. Obtaining the remainder of the funds for travel exceeding this amount is the responsibility of the faculty member. In addition, no expense can be claimed from both the University and another funding source.

I have reviewed this request and agree with the justification.

Chair \_\_\_\_\_ Date \_\_\_\_\_

ARSC Faculty Travel \$ \_\_\_\_\_

Funds approved by \_\_\_\_\_ Date \_\_\_\_\_