

Fulbright College of Arts and Sciences

Request for Funds from the ARSC Faculty Travel Account

October 1, 2023 – September 30, 2024



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.

*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 \$1500, note that the maximum amount available from ARSC travel account for one trip is \$1500. When you enter your TA, please list the ARSC cost center first with \$1500 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 _____

OFFICE USE ONLY

ARSC Faculty Travel \$ _____

Funds approved by Committee: _____ Date _____