

TO APPLY: Email [1] a copy of your most current CAS "Standard Form" Curriculum Vitae and [2] a signed and fully completed CAS Lecturer Travel Grant Application Form to Karen Gardner (krgard11@unm.edu). Application materials must be received by 15 October, 2019, (1 September in 2020) to be considered for the Fall Funding Cycle and by 1 February to be considered for the Spring Funding Cycle.

**APPLICANT INFORMATION**

Lecturer Travel Grant Application for the  FALL  SPRING Funding Cycle of \_\_\_\_\_ (year).

Have you previously been awarded a CAS Lecturer Travel Grant?  Yes  No

If 'yes': Amount Awarded: \_\_\_\_\_ Date of the Award: \_\_\_\_\_

Name

\_\_\_\_\_

Title/Rank

\_\_\_\_\_

Home Department/Program

\_\_\_\_\_

Email Address

\_\_\_\_\_

Name of Chair/Director

\_\_\_\_\_

Email Address of Chair/Director

\_\_\_\_\_

**EVENT INFORMATION**

Name of Event

\_\_\_\_\_

Type of Event

Conference  Workshop  Institute  Symposium

Other: \_\_\_\_\_

Start Date of Event

\_\_\_\_\_

End Date of Event

\_\_\_\_\_

Location of Event

\_\_\_\_\_

Event Website: URL =

\_\_\_\_\_

Will you be appearing on the event program?  Yes  No

If 'yes,' briefly describe your role at the event (e.g., paper presenter, discussion leader, chair of a session, etc.). If you are presenting a paper, please provide the title of your paper.

\_\_\_\_\_

## ANTICIPATED TRAVEL EXPENSES

Event Registration Fee Estimated Total Fee

Air Transportation Estimated Total Airfare

Airline \_\_\_\_\_  
 Departure Airport \_\_\_\_\_  
 Arrival Airport \_\_\_\_\_  
 Date of Departure \_\_\_\_\_  
 Date of Return \_\_\_\_\_

Ground Transportation Estimated Total, Ground Transportation

*The estimated total will auto-sum when you fill in the estimated costs below.*

Bus Ticket \$ \_\_\_\_\_  
 Train Ticket \$ \_\_\_\_\_  
 Mileage (if driving, at UNM rate) \$ \_\_\_\_\_  
 Taxi/Uber/Lyft \$ \_\_\_\_\_  
 Shuttle \$ \_\_\_\_\_

Lodging Estimated Total, Lodging

Name of Hotel/Establishment \_\_\_\_\_  
 Date of Check-In \_\_\_\_\_  
 Date of Check-Out \_\_\_\_\_  
 Cost Per Night, including tax \_\_\_\_\_

Meal/Per Diem Expenses\* Estimated Total, Per Diem

*\*Use the meal per diem rate posted in this [link](#), based on travel destination. Do not include meals provided by hotel or during conference. Note that, according to 12.3 of UNM's Policy 4030, for "overnight travel, travelers may be paid 75% of the allowable per diem rate for the business destination, on both the day of departure and the day of return."*

Other Expenses Estimated Total, Other

*The estimated total will auto-sum when you fill in the estimated costs below.*

Description	Estimated Cost
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**GRAND TOTAL OF ESTIMATED TRAVEL EXPENSES**

*The grand total will auto-sum when you fill in the estimated total costs above.*

## ADDITIONAL FUNDING SOURCES (if applicable)

Name of Funding Source	Request Submitted or Pending Submission?	Decision Pending or Decision Final?	Amount Requested	Amount Awarded
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

