



## REQUEST FOR FUNDING FOR COURSE-RELATED ACTIVITIES

Gallatin provides funding for a variety of academic activities, including entrance fees to museums, tickets for performances, or the purchase of materials related to your course. Instructors may request up to a maximum of \$10 per person, except in the case of theatre tickets which are typically more than \$10 and for which some additional funding may be available. This funding is not available for non-classroom courses such as independent studies and tutorials.

All requests for funding must be made by completing this form and submitting it to the faculty chair of the curriculum committee for approval at least 2 weeks prior to event date. If approved, you will receive a copy of the approved form in your mailbox along with a set of guidelines that detail the type of documentation necessary for reimbursement. You should pay for the event (or materials) and then submit your original itemized receipts and whatever other documentation is necessary to Siobhan Carmody. After you have submitted your receipts, you will receive a reimbursement form (in your mailbox) which you should sign and return to Siobhan Carmody. Your signed reimbursement form, along with your receipts and a copy of this request form, will be submitted to Accounts Payable for processing. You can expect reimbursement by mail approximately two to three weeks after the date of submitting your reimbursement form.

In some cases, Gallatin may be able to fund your request in advance; if you are dealing with a business or organization that can provide an invoice, Gallatin can arrange to have a check issued. Please submit the invoice at least three weeks prior to the event.

NAME \_\_\_\_\_ UNIV ID N \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ NUMBER OF STUDENTS IN YOUR COURSE \_\_\_\_\_

COURSE NUMBER \_\_\_\_\_

COURSE TITLE \_\_\_\_\_

HAVE YOU REQUESTED FUNDING FOR OTHER EVENTS IN THIS COURSE?  YES  NO

IF YES, HOW MUCH DID YOU REQUEST: \_\_\_\_\_

PLEASE TELL US WHAT YOU WOULD LIKE FUNDING FOR, AND PLEASE BE AS SPECIFIC AS POSSIBLE:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TOTAL FUNDS REQUESTED: \_\_\_\_\_

APPROVAL SIGNATURE

\_\_\_\_\_  
*Faculty Chair's Signature*

\_\_\_\_\_  
*Date*

AMOUNT APPROVED: \_\_\_\_\_

ACCOUNTS PAYABLE COPY  FACULTY CHAIR COPY  INSTRUCTOR COPY