Dept of History Request for Subvention and/or Staff Support For Academic Events

Complete this form and submit for funding 20 business days before the event date

FOR FUNDING SUBMIT TO FACULTY SEMINAR COMMITTEE.

FOR STAFF SUPPORT SUBMIT A COPY TO history-events@ucsd.edu

REQUESTING SUBVENTION FOR LECTURES/SEMINARS/CONFERENCES: SUBMIT TO FACULTY SEMINAR COMMITTEE

PROPOSED BY (NAME):			DATE OF PROPOSAL:			
REQUESTING HISTORY FUNDS? YES: NO		IO: IF YES, AM	: IF YES, AMOUNT REQUESTED:			
REQUEST DETAILS GUEST(S)/PRESENT	rer(s).					
GUEST SPEAKER NAME	TITLE, AFFILIATION	EMAIL		TOTAL COST OF EVENT	HONORARIUM AMOUNT TRAVEL, MEALS	
EVENT DATE(S) and TIME(S):						
EVENT TITLE:						
EXPECTED ATTEND	AANCE:					
ALREADY FUNDED AND/OR POSSIBLE CO-SPONSORS?—PLEASE LIST						
_			EXPENSES (I.E. TRAVEL, CATERING, PRINTING, HONORARIA, ETC.)			
EVENT APPROVAL	:					
History Speaker/Se	eminar Funding Faculty I	Member signature if	approved:			
Amount of funding	approved: \$					
Distribution: Once signed – return to history-events@ucsd.edu						

IF HISTORY DEPARTMENT IS THE MAIN SPONSOR OF						
THE EVENT, PLEASE ANSWER THE FOLLOWING:						
WILL YOUR EVENT REQUIRE A ROOM RESERVED IN						
H&SS?: YES: No:						
REQUESTED ROOM NAME:						
WILL YOUR EVENT REQUIRE A ROOM RESERVED ON						
CAMPUS (IF A COST IS ASSOCIATED, PLEASE LIST						
LOCATION OF ROOM AND COST):						
HOTEL ROOM RESERVATIONS, IF NEEDED; PLEASE LIST						
DETAILS OF STAY DATES, LOCATION CHOICE (LA JOLLA						
SHORES, SHERATON, DEL MAR INN, ESTANCIA):						
HONORARIUM: YES: NO:						
APPROVED AMOUNT: \$						
CONTACT DETAILS OF HONORARIUM RECIPIENT:						
REIMBURSEMENTS: FLIGHT, GROUND,						
TRANSPORTATION, HOTEL ETC. PLEASE LIST:						
DOES YOUR EVENT NEED CATERING?						
YES: NO:						
DO YOU NEED HELP WITH EVENT FLYER & DESIGN?						
YES: NO:						
DISTRIBUTED AROUND CAMPUS?						
Mailed?						
ANY OTHER PUBLICITY?						