LA&PS YUFA CONFERENCE TRAVEL FUND REQUEST/APPROVAL FORM 2019-20

Department of Social Science

YUFA faculty members (tenure-stream, CLA, SRC, etc. but excluding visiting professors) or those designated Senior Scholars may apply to their units for funding to travel to conferences. **Travel must occur between May 1, 2019 and April 30, 2020.**

YUFA members who are cross-appointed between two departments in LA&PS should apply to the unit that claims more than 50% of their time. Those with a 50-50 split between two LA&PS units should apply to the unit that is identified as their home unit in the ARMs system.

Please submit your signed application form to the Administrative Assistant via email at tarawlo@yorku.ca.

DO NOT ATTACH ANY RECEIPTS T	THIS APPLICATION FORM.	
APPLICANT NAME	Campus Address	
RANK	UNIT	
EMAIL	TOTAL REQUESTED	\$
CONFERENCE TITLE, DATE, LOCATION (INCLUDING COUNTRY)		
DATE SUBMITTED	APPLICANT'S SIGNATU	RE
Presenting a Paper/Participal Chairing a Session Attending a Conference (but Invited Paper* *If you are presenting an invited paper organizers/host institution:	not Chairing or giving a paper) please indicate which, if any, expenses are	being covered by the conference
faculty member is presenting a paper or pagrant are expected to access those funds about your participation (letter of acceptant	ty member will be \$650 . Normally funding will be orticipating in a panel. Faculty members with access rst before applying to the YUFA fund. Along with the for your paper proposal or a printed conference ses. Applications are accepted prior to travel, but on return.	ss to external funding such as a SSHRC his form please attach documentation program) as well as a breakdown of all
Eligible Expenses Faculty members may put in claims fo	travel to the conference location, accommod	dation, registration fees, and meals.

Claims for reimbursement of expenses must be submitted within 6 months of return from travel but prior to April 30, 2020.

Department/School Office Use Only			
Application Approved:	Total Amount Approved:	Date:	
Application Denied:	Reason for denial:		
Signature of Chair:			
Original: To applicant	Copies: Dept. /School Dean's Office		