

**Hixson-Lied Faculty Development Application
Art and Art History**

Funding Period: Fall Spring

Name: _____ Title/Rank: _____

Relevance to your teaching or research:

Have you received previous funding from HLCFPA? Yes No

Leaving From: _____ Departure Date & Time: _____

Destination: Return Date & Time:

Expenses:	Air fare quote from Travel & Transport (only vendor used)	_____
	Local ground transportation	_____
	Surface travel (train, bus, UNL vehicle, etc.)	_____
	Personal vehicle mileage: (number of miles) X	_____
	Lodging	_____
	Registration	_____
	Other:	_____
	TOTAL	_____

Explanation of expense special arrangements (if necessary): _____

NOTE: It is the responsibility of the recipient to ensure that all receipts are submitted.

Funds from other sources: _____

Hixson-Lied Travel: Yes No Amount Requested: _____ Amount Awarded: _____

Other: Yes No Amount Requested: _____

Will you receive an honorarium, stipend, or other payment for this activity? Yes No

Signatures: _____ If yes, amount of payment: _____

Applicant: _____ Committee Member: _____

Committee Member: _____ Committee Member: _____

Amount funded: _____