



Please read and check each box, in order to indicate that you understand the requirements of this program and are qualified to participate.

PERSONAL QUALIFICATIONS:

- I am a faculty member at LU
- I have been in my current position for at least six months.
- This conference or training applies directly to my work duties at LU.

LIMITATIONS:

- This program only allows travel within the continental USA (excluding Hawaii).
- International travel is not allowed.
- Funding for this program is limited and awarded on a first come, first served basis.
- Applications must be fully completed, submitted, and received by the Title III office at least 30 days prior to departure.
- The maximum amount allowable for in-state travel is \$2,000 and out-of-state travel is \$3,000. All other costs must be absorbed by either the individual or department.
- Travel cannot be booked through 3rd party vendors (such as Expedia, Priceline, or VRBO).
- No reimbursements will be made to the individual until all travel-related charges are reconciled after travel and all necessary receipts are provided. Reimbursements may take up to 4 weeks.

PROGRAM REQUIREMENTS:

- I understand the goal of this program is to send faculty out to learn specialized information at a conference or training, and then return to LU to share that knowledge by training other faculty, staff, and/or students.
- Upon my return, I understand that I am **required** to present a live training, or live webinar, to at least 4 or more faculty, staff, or students, to share what I have learned, within the next 45 days. Failure to comply with this requirement will lead to my exclusion from participation in FY27.
- I understand that I will be required to submit the following documentation for this training (sample documents will be provided upon your return from travel):
 - A detailed agenda
 - An attendance sheet listing the names of LU faculty, staff, and/or students that attend.
 - Completed attendee evaluations scoring the quality of the content and presentation

I _____ understand the qualifications, limitations, and requirements.
(Print Traveler Name)

TRAVELER SIGNATURE: _____ **DATE:** _____

PAGE 2 OF TRAIN-THE-TRAINER APPLICATION -PERSONAL DETAILS AND JUSTIFICATION

PERSONAL DETAILS			
NAME:		DATE:	
POSITION:		START DATE:	
EMAIL:		PHONE:	
DIVISION/AREA:		LU ADDRESS:	
LU ID #			
TRAVEL SPECIFICS			
CONFERENCE/ EVENT NAME:			
TRAVEL DATES:			
TRAVEL LOCATION:			
WHAT IS THE EARLY BIRD REGISTRATION DEADLINE?			
WILL YOU BE PRESENTING? (Yes/No)			
IF SO, WHAT WILL YOU BE PRESENTING?			
JUSTIFICATION			
Please write a brief statement (limit of 75 words or less) on how this event will enhance your knowledge in your current position:			
PRESENTATION PLANS			
Which will you choose to present upon your return: a live webinar OR an in-person training:			
Who is your target audience for this training? (Faculty? Staff? Specific Department or Division? Students?)			
What date and time will you hold the training?			
How will you promote attendance? (Email? Flyers? Word of mouth? Invitations?)			

PAGE 3 OF TRAIN-THE-TRAINER APPLICATION - TRAVEL BUDGET ESTIMATE

Please provide an estimated breakdown of your expected expenses for attending this event. While the amounts do not need to be exact, they should be reasonable. Complete the chart as thoroughly as possible so we can understand your planned expenditures and confirm that all costs are allowable.

EXPENSE CATEGORIES:	LIST AND DESCRIBE THE EXPENSE(S) HERE: (Must book direct, no 3rd party vendors)	ONE TIME COST OR TOTAL COST PER EACH DAY:	# OF DAYS YOU WILL INCUR THE EXPENSE (Enter 1 if it is a one-time expense, Such as airfare):	TOTAL EXPENSE: (This column will automatically calculate. Do not type in this column.)
Airline/Train/Commercial Travel (65102)				
Personal Auto @ .65 per mile (65101)				
Vehicle Rental (65103) (Need prior approval)	Approved only for extraordinary circumstances. Justify the need by emailing titleiii@lincolnu.edu			
Registration (67011)				
Lodging (65200)				
Meals (65300) Use per diem chart to help estimate meal costs per day for your travel location	You must be in travel status to count a meal, and you cannot include any meals provided as part of the cost of your registration.			
Incidentals (65400) Such as Uber or Taxi to get to and from the airport to your hotel, parking fees at the departing airport, baggage fees, mileage to the airport, shuttle fees, etc.				
Please provide Requisition Number IF DEPARTMENT IS COVERING OVERAGES:	GRAND TOTAL: (This will automatically calculate)			

PAGE 4 OF TRAIN-THE-TRAINER APPLICATION- SIGNATURES

TRAVELER SIGNATURE: _____ DATE: _____

SIGNATURE OF DIRECTOR/DEPARTMENT HEAD/DEAN: (PLEASE READ AND CHECK ALL BOXES):

- I have fully reviewed the application to ensure all sections are complete and the travel request is reasonable.
- This individual is a faculty member at LU, has worked in their current position for at least 6 months, and is in good standing (not on probation and not under disciplinary action).
- This training is critical to this employee's current job duties, and I believe the knowledge they gain will be highly beneficial to our learning community.
- I understand this is a train-the-trainer program, and this employee is expected to present a live training session for at least 4 other faculty, staff, or students upon their return.

DIRECTOR/DEPARTMENT HEAD/DEAN SIGNATURE OF APPROVAL

DATE

PRINT DIRECTOR/DEPARTMENT HEAD/DEAN

PRINT DEPARTMENT

Traveler should complete and send this application and all required documentation to titleiii@lincolnu.edu at least 30 days prior to your event:

- All 4 pages of the application, fully completed, and signed on pages 1 & 4 by the traveler and signed on page 4 by the Director/Dean
- A copy of your job description
- A copy of the conference description.
- A copy of the conference agenda.

A [Travel Expense Voucher](#) and all necessary travel-related receipts must be submitted to titleiii@lincolnu.edu within 15 days of travel to ensure reimbursement.

FOR IN-HOUSE USE ONLY (DO NOT WRITE BELOW THIS LINE)

- APPROVED
- DECLINED

REASON, IF DECLINED:

DATE: _____

SIGNATURE OF SENIOR DIRECTOR OF SPONSORED PROGRAMS AND TITLE III