



TITLE III PROGRAM: TRAIN-THE-TRAINER
TRAVEL REQUEST FORM

Full-time employees can request Title III Professional Development travel within the USA to a conference, training, workshop, or event once each Federal Fiscal Year (Oct 1-Sept 30) on a first-come, first-served basis. Complete and send this form to titleiii@lincolnu.edu (along with any additional documentation or information you feel is relevant) prior to departure. You will be notified by email if your travel has been approved.

******THE MAXIMUM AMOUNT ALLOWED FOR TRAVEL IS \$2,000 for in-state travel and \$3,000 for out-of-state travel. ******

NAME:		DATE:	
POSITION:		DIVISION/AREA:	
EMAIL:		PHONE:	
CAMPUS ADDRESS:		CONFERENCE/EVENT:	
TRAVEL DATES:		TRAVEL LOCATION:	
PLEASE INDICATE BELOW YOUR PLANS FOR PRESENTING YOUR ON-CAMPUS WORKSHOP: <i>Failure to follow through with your obligation to present an on-campus workshop (or post a blog) will disqualify you from the use of Title III Travel funds in the next Federal Fiscal Year (Oct 1-Sept 30).</i>			
Do you wish to write a blog post for the library website, instead of presenting a live, on-campus training: (YES or NO –If Yes, you can skip the next 4 boxes)			
TITLE OF TRAINING:		LOCATION OF TRAINING:	
DATE OF TRAINING		COMMENTS:	

No reimbursements will be made until all travel-related charges are reconciled after travel. Reimbursements may take up to 3 weeks.

EXPENSE CATEGORIES:	DESCRIBE THE EXPENSE(S) HERE: (Must book direct, no 3rd party vendors)	COST PER DAY:	# OF DAYS:	TOTAL EXPENSE:
Airline/Train/Commercial Travel (65102)				
Personal Auto @ .50 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)	Must be in travel status to count a meal, and cannot include any meals provided with your registration			
Incidentals (65400) (Such as Uber, taxi, parking fees at airport, luggage fees, etc.)				
Please provide Requisition Number IF DEPARTMENT IS COVERING OVERAGES:		GRAND TOTAL:		

SIGNATURES:

TRAVELER:	DATE:
DIRECTOR AND/OR DEAN:	DATE:
TITLE III MANAGER /DIRECTOR:	DATE:

To ensure reimbursement, a [Travel Expense Voucher](#) and all receipts must be submitted to titleiii@lincolnu.edu after travel.

Revised 8/19/2024