

REQ #

Title III Dept

B/PO #

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

Title III regulations require that all off-site conferences, workshops and travel be documented as appropriate to the Title III goals. Therefore, BEFORE, your attendance at off-campus programs, you must complete this Travel Request Form. Return the completed form to the Title III Office AND all required paperwork as soon as possible for approval of your travel.

\*\*\*\*THE MAXIMUM AMOUNT ALLOWED FOR TRAVEL IS \$2000. \*\*\*\*

All applicants for Train-The-Trainer must be Full-Time Employees.

Please make note that no reimbursements will be made until all travel related charges have been reconciled. Reimbursements may take up to 6 weeks.

Name:		<p><b>IMPORTANT NOTICE</b> All applicants must be Full-Time employees</p> <p>1. Original receipts needed for reimbursement.</p> <p>2. Failure to follow through with your obligation to present an on-campus workshop will disqualify you from the use of the Title III/Professional Development Train-the-Trainer funds for the next fiscal year.</p> <p>The Title III fiscal year is from October 1 to September 30th of the following year.</p> <p>Additional Comments:</p>
Date Submitted:		
Position:		
Division/Area:		
E-mail :		
Phone/Contact #:		
Campus Address:		
CONFERENCE INFORMATION:		
Title of Conference/Workshop:		
Dates of Conference:		
Location of Conference:		
PLEASE INDICATE BELOW YOUR PLANS FOR PRESENTING YOUR ON-CAMPUS WORKSHOP:		
Title of Training:		
Location of Training:		
Check if you wish to utilize Blog Option	YES <span style="margin-left: 150px;">NO</span>	
Date/Time		

Make your presentation available online through CTL (select one of the following):

1. Have presentation filmed during your live presentation. Yes or No Or 2. Decline to be filmed
3. Schedule an alternate time. (Please specify a date and time) \_\_\_\_\_

Please make note that no reimbursements will be made until all travel related charges have been reconciled. Reimbursements may take up to 6 weeks.

ESTIMATED COST:	Description of Expense	Daily Expenses	# of Days	Total Expenses
Airline/Commercial Travel (65102)				
Personal Auto @ .50 per mile (65101)				
Vehicle Rental (65103)				
Portal Processing Fee (65106)				
Registration (67011)				
Lodging (65200)				
Meals (65300)				
Incidentals (65400)				
Please give Requisition Number <b>IF DEPARTMENT IS COVERING OVERAGES:</b>		Grand Total		

SIGNATURES:

Requestor	Date:	Director and/or Dean
		Date:
Date:	Title III Manager	Date:

All original receipts must be submitted to Title III Director to ensure reimbursement.