

Title III Request for Professional Development Assistance/Travel Authorization Checklist

Traveler's Name: _____

ATTENTION: This checklist serves as a guide to submit a detailed Request for Title III Professional Development Assistance/Travel Authorization. This REQUEST is contingent on availability of funds, strength of justification and approval. Please provide all requested documents listed below. **Incomplete requests will be returned.**

1. Completed Title III Request for Professional Development Assistance form/Travel Authorization form

- For Faculty:
 - Signature of Supervisor or Chair is **REQUIRED**
 - Signature of Dean is **REQUIRED**
 - Signature of V.P. for Academic Affairs is **REQUIRED**
- For Staff
 - Signature of Immediate Supervisor/Director is **REQUIRED**

2. The following must be submitted (**if requesting advance payment by Title III**):

- Registration Information (include a copy of the invoice/registration confirmation and Vendor ID [A#])
- Airfare (only include if you would like your ticket purchased in advance, by Title III)
 - Secure flight on www.egencia.com
 - Include flight itinerary
- Car Rental (Contact Purchasing Office **AFTER PRIOR APPROVAL OF TITLE III OFFICE**)

3. Supporting Documentation

- Hotel Estimate
- Conference/Workshop announcement and agenda
- Copy of flight itinerary or mileage details, if driving
- [Meals & Incidental Expenses \(GSA\)](#) print out
- Misc. (Baggage, Airport Parking, Hotel Parking, Taxi/Shuttle Fee)

NOTE THE FOLLOWING: *See Guidelines and Procedures Manual for complete listing of requirements for assistance.*

- Assistance will not be provided to present at a conference, serve on a committee or preside at a meeting.
- Request for travel funds should be made at least thirty (30) business days prior to anticipated travel.
- Request will only be considered from (beginning of fiscal year) October 1 through May 1, deadline.
- Do not make any final arrangements before approval of request.
- Secure all **REQUIRED** signatures before submitting to the Title III Office.
- Airline requests made less than thirty (30) days prior to travel will not be approved.
- Airline ticket amounts exceeding \$550 will not be approved by the Title III Office.
- Efforts should be made to make advanced travel arrangements to reduce costs, (i.e. Earlybird Registration)
- Travel Reimbursement documents should be submitted within fourteen (14) days after return from travel.

***Please attach your checklist to your Request for Professional Development Assistance/Travel Authorization Request.**

Traveler's Signature _____ Date: _____



ALABAMA A & M UNIVERSITY

TITLE III Strengthening Grants Program

TRAVEL REQUEST FORM FOR TITLE III PERSONNEL

(All persons supported by Title III funds)

Please submit this Form 30 working days prior to travel.

Check one: Faculty Staff Administrator Graduate/Research Assistant Date: _____

Name: _____ Office Number: _____ Fax Number: _____

Title: _____ Highest Degree Held: _____

Name of College/Department/Unit: _____

Years Employed at the University: _____ Full-time Part-time Activity #:

(Attach copy of Conference/Workshop/Meeting Announcement/Agenda)

Name/Title of Conference, Course, Meeting or Workshop: _____

Date(s) held: _____ Location: _____

(Describe on page 2, how your participation coincides with a specific objective of the Title III Program Activity.)

Estimated Expenses:		REMINDER: Please submit FINAL travel itinerary (Air Fare) expense to Title III Office. Fax to: 256-372-5549
NOTE: Airline ticket amounts exceeding \$550 will not be approved by the Title III Office.	Air Fare	
	Car Mileage (current State rate)	
	Registration	
	Lodging/Hotel	
	Meals	
	Taxi/Other	
TOTAL		

Travel Request for Activity Directors Approval

Signature of Traveler (Faculty/Staff/Grad. Assistant) *Date* _____
Signature of Title III Program Activity Director *Date*

(For Faculty) Signature of Dean *Date* _____
(For Faculty) Signature of Provost & V.P. for Academic Affairs *Date*

Title III Professional Development Assistance Approval

Title III Director *Date* _____
President *Date*

Title III Action

Assistance Awarded Amount: _____ Date: _____

Assistance Denied Reason for denial: _____



ALABAMA A & M UNIVERSITY

TITLE III Strengthening Grants Program

Program Activity (HBCU, HBGI, SAFRA), Activity Number and Name	Activity Director
Describe below, how your participation coincides with a specific objective of the Title III Program Activity.	