LINCOLN UNIVERSITY

REQUEST FOR STAFF DEVELOPMENT FUNDS

NAME:_____   DEPARTMENT: _____

TELEPHONE NUMBER: _____   E-MAIL: _____

Brief description of request (if traveling, include purpose of travel, conference name, location, and travel dates):

_____
_____
_____
_____
_____
_____
_____
_____

Proposed Budget: Expenses:

                            Conference Registration Fee $_____
                            Mileage (not for rental car)/Tolls $_____
                            Airfare $_____
                            Bus/Shuttle/Rental Car $_____
                            Hotel $_____
                            Per Diem $_____
                            Parking $_____
                            Other (Please List) $_____

                            Total Expenses: $_____

Conference or seminar's brochure, schedule, or invitation card needs to be attached for making this request.

Approved Amount $ _____

Approved by:

Department Head:_____   Date:_____

Authorized Administrator: _____   Date: _____

President: _____   Date: _____

Fund request must be made two weeks in advance. Receipts and supporting documents must be attached for reimbursement to the Accounting Office within one week after the event.

Rev. Nov. 3, 17