Title III Pre-Travel Request Form

Name of Title III Activity:				
Grant Period:				
Name of Staff/Faculty Trav	eling:			
Name of Conference/Semin	ar:			
Purpose:				
Location:				
Date(s) of Conference:				
If this workshop or confeactivity, please provide th			ne approved Title III Budget Workshop/Conference:	for your
summary of the impact the travel	has on meeting the	objectives and outc	nust be accompanied with a brief (at lea omes of the activity and its relationship ttional management and/or fiscal stabili	to one or more of
Travel Expenses: Please	Answer as A	propriate:		
			d the total for all expenses will automat	ically calculate.
Registration Fee				
Projected Airfare				
Personal Vehicle Mileage (car				
Taxi/Shuttle/Parking/Tolls, etc				
Lodging: #of days x amount			\$0.00	
*Food (Per Diem): #of days x amount			\$0.00	
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Total Projected Expenses			\$0.00	
Is this trip supported by other Specify additional fundin				
Requestor Print Name/Signature	Date		** Activity Director's Supervisor Signature	Date
***Requestor's Supervisor Signature	Date			
Activity Director			Title III Director	
Signature	Date		Signature	Date

Please attach the conference/workshop Agenda that corresponds to this pre-travel request.

^{*\$65.00} for California, Connecticut, Delaware, Florida, Illinois, Maryland, Massachusetts, New Jersey, New York Pennsylvania, Texas, Utah, Virginia, Vermont and Washington, DC. Please deduct meals provided by the conference/workshop.

^{**}Only required if the Activity Director is the requestor

^{***}Required if the request is for faculty or staff development travel