

Illinois State Board of Education  
Innovation and Improvement Division  
100 North First Street, N-242  
Springfield, Illinois 62777-0001

21<sup>st</sup> Century Community Learning Centers  
Out of State Travel Request

**Instructions:** Submit in advance of making travel arrangements. No funds may be obligated until the date of approval.

NAME OF TRAVELER	DATE SUBMITTED
ADDRESS (Street, City, State, Zip Code)	E-MAIL
	TELEPHONE (Include Area Code)

GRANTEE NAME/COHORT

SCHOOL OR FACILITY IN WHICH TRAVELER WORKS

NAME OF CONFERENCE

CONFERENCE DATE(S) AND LOCATION (Include city, state, and all days of travel)

TOTAL ESTIMATED EXPENSES \$ \_\_\_\_\_

Transportation	\$ _____	Hotel	\$ _____
Registration Fee	\$ _____	Other (please specify)	\$ _____
Meals	\$ _____		

Has traveler attended any other out of state meetings during this fiscal year paid with 21<sup>st</sup> CCLC funds?  Yes  No

If yes, specify place(s) and date(s) of attendance

\_\_\_\_\_

\_\_\_\_\_

Is the traveler presenting at this meeting/conference?  Yes  No

State the reasons below as to how this travel DIRECTLY relates to your job duties and functions in the 21<sup>st</sup> CCLC grant program and how your attendance will increase your knowledge and abilities.

_____ Signature of Traveler	_____ Signature of ISBE Consultant
_____ Date	_____ Date <input type="checkbox"/> Approved <input type="checkbox"/> Denied