



Illinois State Board of Education

100 North First Street, E-222
Springfield, Illinois 62777-0001

Nita M. Lowey
21st Century Community Learning Centers
Out of State Travel Request

WELLNESS DEPARTMENT

Instructions: Submit signed original form 45 days 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/FISCAL AGENT	
SITE AT 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 21st 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 21st CCLC grant program and how your attendance will increase your knowledge and abilities.

<p style="text-align: center;">_____ Signature of Project Director</p> <p style="text-align: center;">_____ Date</p>	<p style="text-align: center;">_____ Signature of ISBE Consultant</p> <p style="text-align: center;">_____ Date <input type="checkbox"/> Approved <input type="checkbox"/> Denied</p>
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