



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

NITA M. LOWEY
21st CENTURY COMMUNITY
LEARNING CENTERS
OUT OF STATE TRAVEL REQUEST

WELLNESS AND STUDENT CARE 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)	EMAIL
	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.

<hr/> <i>Digital or Original</i> Signature of Project Director <hr/> Date	<hr/> <i>Digital or Original</i> Signature of ISBE Consultant <hr/> Date <input type="checkbox"/> Approved <input type="checkbox"/> Denied
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