TITLE III
Strengthening University Mission

TITLE III PROGRAM TRAVEL JUSTIFICATION

TRAVEL JUSTIFICATION

TRAVEL INFORMATION

Title III Project Name _____ **Activity No.** _____

Grant Year _____ **Date** _____

Traveler Name _____ **Traveler Title** _____

Convention / Conference / Meeting / Workshop _____

Location _____ **Dates** _____

TRAVEL JUSTIFICATION

Purpose of Attendance: ☐ Presenter ☐ Participant

What is the focus of the meeting?

List the activity objective this event will help accomplish:

How will the information obtained during this travel impact the University and your Title III Activity objective?

ANTICIPATED COST

Total Anticipated Cost _____ **Amount Requested from Title III** _____

APPROVALS

Participant's Signature _____ Date _____ Activity Director's Signature _____ Date _____

Title III Director's Signature _____ Date _____