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**Travel Justification Form**

**(Submit with TAR)**

**Office of Title III Programs**

Vail Hall, First Floor

Phone: 484-365-7293

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| Activity Name: | **Account Code:** | |
| Grant Year: |  | |
| Traveler Name: | **Title:** | |
| Name of Conference/Meeting: | | |
| Location of Conference/Meeting: | | |
| Dates of Conference/Meeting: | | |
| Purpose of Attendance (Check which apply) | **Presenter** | **Participant** |
| What is the focus of the meeting: | | |
| List the activity objective this Conference/Meeting will help to accomplish? | | |
| List the sessions and corresponding objectives that are applicable to your Title III Activity? | | |
| How will the information obtained during this travel impact your Title III Activity objective? | | |
| Total Anticipated Cost $ | **Amount from Title III $** | |

|  |  |
| --- | --- |
| **Participant** | **Date** |
| **Activity Director** | **Date** |
| **Title III Director** | **Date** |