****

**Travel Justification Form**

**(Submit with TAR)**

**Office of Title III Programs**

Vail Hall, First Floor

Phone: 484-365-7293

|  |  |
| --- | --- |
| 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** |