

**New York State Education Department
Office of K-16 Initiatives & Access Programs
Pre-Collegiate Preparations Programs**

Liberty Partnerships Program

Request for Out of State Travel Form

Guidance

All out of state travel funded through the Liberty Partnerships Program must be reviewed by this office and will be approved on a case-by case basis. To secure expedited approval, e-mail the completed Authorization Out-of State Travel Form to: The Liberty Partnerships Program Office.

Priority for Out of State Travel:

Highest priority is given to Student Development: college/career exploration; educational & cultural field trips. Student travel related to recreation is an allowable expense. Out-of-State Travel for this purpose is not a priority for this grant and will be approved only on a case-by-case basis. Professional development through attendance at conferences is an allowable expense and is encouraged. Out-of-State Travel for this purpose is not a priority for this grant and will be approved only on a case by case basis.

1. Which LPPs must complete this Form?

- All LPPs planning out-of-state travel for the current fiscal year.

2. What happens if my institution fails to submit an Authorization for Out-of-State Travel Request Form?

- Expenses related to the travel will be disallowed in the final payment for the given fiscal year.

Authorization for Out of State Travel Request Form

Institution	Grant Project Number	Date of Request
<u>Agency Contacts:</u>		
Title	Print Name	Telephone/E-mail/Fax
LPP Director		
Office of Sponsored Funds or Grants Management		

Trip Detail:

1	Event Title
2	What are the travel dates?
3	Where is the location of this trip?
4	What is the purpose of this travel?
5	Does this request modify prior approved travel in? If yes, please describe change.

Travel Budget:

1	What is the projected cost of travel?
2	Are projected expenses consistent with Agency and State standards?
3	Are cost being shared with another funding source? If yes, please describe and provide cost.
4	Is a Budget Amendment Required? If yes, attach signed FS-10A
5	Check covered expenses: lodging ___ meals ___ transportation ___ registration fee ___ Admissions fees ___ Other, Please identify:
6.	Program and registration information must accompany this request

Information about Travelers: (Attach additional page if necessary.)

	Name	Status with LPP	Purpose of Travel

Agency Certification of Request

We hereby affirm this travel request is consistent with the purpose and requirements of the Liberty Partnerships Program.

Signature: LPP Program Director: _____

Signature: Office of Sponsored Funds: _____

SED ACTIONS:

	Consultation with Project:
	Response to Request:
<input type="checkbox"/>	Approve
<input type="checkbox"/>	Deny
<input type="checkbox"/>	Additional Information Requested:
	Comments:
	Budget Action:
<input type="checkbox"/>	None necessary
<input type="checkbox"/>	Amendment approved
<input type="checkbox"/>	Amendment pending

Program Officer: _____ Date: _____

Contact Information: