Liberty Partnerships Program
Out of State Travel Request

All out of state travel funded through the Liberty Partnerships Program must be reviewed by the Office of K-16 Initiatives and Access Programs. Approval will be issued on a case-by case basis. To secure expedited approval, thoroughly complete all sections of this form and e-mail to the Liberty Partnerships Program Office, submit no later then one month prior to the proposed date of travel.

Failure to submit and receive approval prior to the out-of-state travel will result in the disallowance of all funds associated with the travel in the final payment for the given fiscal year.

Highest priority is given to student development: college/career exploration; educational and 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.

Institution Name		LPP Project Name	
Project #		Contract #	
LPP Director's Name		Office Phone #	
Email		Cell	

Supervisor's Name		Office Phone #	
Email			

Office of Sponsored Funds Director's Name

Email		Office Phone #	

Project Budget Detail

Is a budget amendment required? If yes, please include FS-10)A

Are cost shared with another funding source? If yes, please describe source, amount, and amount applied to expense:

Travel Detail

Event Title _____

Travel Dates _____

Destination (Include State & City) _____

# of LPP staff traveling: _____

# of LPP students traveling: _____

Transportation $ _____

Method of Travel _____

Purpose of Travel

Lodging $ _____

Meals $ _____

Registration Fee: _____

Date Fee Required: _____

TOTAL COST _____

Traveler's Information (attach if needed)

LPP Staff Names, Title

LPP Student Name, School, Grade

LPP Director Signature _____ Date _____

Supervisor's Approval _____ Date _____

FOR DEPARTMENT USE ONLY

Program Approval: _____ Date: _____

Notes _____