

ILLINOIS COMMUNITY COLLEGE BOARD
 FY 2017 Out of State Travel Request Form

DESCRIPTION	
COLLEGE	
AMOUNT REQUESTED	
CONTACT Name/Title	
Telephone/Email	
Identify if activity was referenced in Perkins Plan. If not referenced, identify where this would appropriately fit. Complete a budget modification if necessary.	
Reason for Travel (conference/event title, dates, and location)	
Conference/Event Description	
Expected Outcome (What information or experience will be gained? Will information be shared upon return?)	
Attendees (include titles)	

Travel costs must adhere to Federal regulations. For more information see:

<http://www.gpo.gov/fdsys/pkg/CFR-2011-title2-vol1/xml/CFR-2011-title2-vol1-part220.xml>

<http://www.gpo.gov/fdsys/pkg/CFR-2011-title2-vol1/xml/CFR-2011-title2-vol1-part225.xml>

<http://www.gpo.gov/fdsys/pkg/CFR-2011-title2-vol1/xml/CFR-2011-title2-vol1-part230.xml>

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BUDGET		
BUDGET CATEGORY	\$ AMOUNT	DESCRIPTION
TRAVEL		
EVENT FEE/CONFERENCE RATE		
LODGING		
PER DIEM		
OTHER		
TOTAL		

BUDGET MODIFICATIONS: Grantees are allowed a 10% or \$1,000 modification of a line item, whichever is greater prior to seeking approval. Modifications greater of either (i) ten percent (10%) a line item or (ii) one thousand dollars (\$1,000) of a line item require the submission of a budget modification. *All requests regarding budget modifications should be submitted to: cte@iccb.state.il.us.*

By submitting this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures and disbursements made with these funds are for the purposes and objectives set forth in the terms and conditions of the applicable Federal or State award or program participation agreement. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (2 C.F.R. 200.415)