|  |
| --- |
| **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>

|  |
| --- |
| **BUDGET** |
| **Budget Category** | **$ Amount** | **Description** |
| Travel |  |  |
| Event Fee/Conference Rate  |  |  |
| Lodging |  |  |
| Per Diem |  |  |
| Other  |  |  |
| **TOTAL** |  |  |

**BUDGET MODIFICATIONS:** Grantees are allowed to make modifications up to ten percent (10%) of their total allocation, less a major change in scope, prior to seeking approval. Modifications that require a major change in scope or are greater than ten percent (10%) of their total allocation require the submission of a budget modification request (2 C.F.R. 200.308). *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)