

Out-of-State Travel Approval Request Form

This form is necessary to obtain approval for use of Federal Migrant Education Program (MEP) Funds for out-of-state travel. Allow four weeks for processing and approval.

Once completed and signed, please email this form to your MEO consultant.

Name of Requester: _____

Title: _____

Migrant Subgrantee: _____ Date submitted: _____

Event Name: _____

Event Location/Address: _____

Date(s) of Travel: _____

Name(s) person(s) for whom you are requesting travel approval: (attach additional sheets if necessary)

Name _____ Title _____

Name _____ Title _____

Purpose/Justification (attach additional sheets if necessary)

Cost Estimates

Registration: \$ _____ Transportation: \$ _____

Method of Travel (air, rail, automobile, other): _____

Lodging: \$ _____ Per diem/Meals: \$ _____

Total Estimated Cost per person: \$ _____

Total Estimated Cost for all participants: \$ _____

I hereby certify upon my own personal knowledge that this trip is mission critical or in the best interest of the California MEP.

Approval by MEP Director

Printed Name: _____

Signature: _____ Date: _____

FOR CDE USE ONLY

MEO receipt date: Operating Agency Notification date: CDE Staff Comments:	CDE Staff Signature/Date
	Administrator Signature/Date
Distribution: Copies to Operating Agency, MEO, Fiscal Analyst, MEO Consultant and MEO Administrator.	