Liberty Partnerships Program
Out of State Travel Request

NYSED

"For our Youth, For our Future"

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 than 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 [　　　　　　　　　　　　　　　　]