

IN-STATE/OUT-OF-STATE CARL PERKINS TRAVEL REQUEST FORM

Name: Travel Dates: From To

Title/Position: Dept/Instructional Area:

Name of Conference/Meeting:

Location:

Estimated Cost*: College:

(*Travel cost estimates shall be within State Travel Guidelines.)

I. What is the purpose of this travel?

II. How will the results of this travel improve the career-technical education program related to the travel?

III. Describe how participating in this professional development activity will be used to improve the instructional programs or administration of the career-technical program? Include how this will relate to improving the retention rate and the completion rate of students enrolled in a career-technical education program.

IV: How will the travel benefit the training received by students?

College/Regional Approval

Approved: _____ Request Denied: _____	Perkins Coordinator Approval: () Yes () No
Approving Authority Signature: _____	
Printed Name: _____ Date: _____	
Title: _____	

LCTCS Carl Perkins Approval

Approved: _____ Request Denied: _____	
Approving Authority Signature: _____	
Printed Name: _____ Date: _____	
Title: _____	