|  |  |
| --- | --- |
| **COLLEGE:** |  |
| **Amount Requested**: |  |
| **Contact**Name/Title |  |
| Telephone/Email |  |
| **Identify referenced activity in Perkins Plan.** If this is a new activity, identify where this would appropriately fit. Complete a budget modification if necessary. |  |
| **Activity** |  |
| **Reason for travel** (including conference description, etc.) |  |
| **Expected Outcome**(What information or experience will be gained? Will information be shared upon return?) |  |
| **Amount** (break down on next page) |  |
| **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 a 10% modification prior to seeking approval except in cases in which the scope is significantly altered. Any changes beyond 10% of the total grant allocation require approval from the ICCB. *All requests regarding budget modifications should be submitted to: Natasha Piper at* *natasha.piper@illinois.gov**.*