



Pitt Community College

Title III Grant

Title III Grant Travel Request Form

Instructions: This form is to be submitted to the Title III Grant Office 2 months prior to proposed travel. Please submit completed forms to VEW 152.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Office: \_\_\_\_\_ Department/Division: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date(s) of Travel: \_\_\_\_\_ Location of Travel: \_\_\_\_\_

Name of Conference: \_\_\_\_\_

Conference Website: \_\_\_\_\_

1. Have you or anyone at the College attended this conference before?
\*If conference attendance has been previously paid for by the institution, then grant funds cannot support it.
Yes No

2. This conference/workshop contributes to institutional development and relates to the Title III objectives in the following ways:
\*The Title III objectives are available on the Title III webpage.

3. Which grant activity/objective/goal does it support?

4. What is the intended outcome of attending this conference? How will you utilize and apply what is learned at the conference when you return to campus?



5. Title III funds are provided for faculty and staff to attend conferences and workshops. It is encouraged, but not required, for those receiving these funds to agree to provide professional development through the Office of Teaching and Learning on PCC's campus.

6. Please list all anticipated expenses.

\*Please make sure that anticipated expenses are as close to the expected costs as possible.

a. Transportation Costs:

Private Vehicle \_\_\_\_\_ Institutional Vehicle \_\_\_\_\_
Mileage \_\_\_\_\_ Mileage Costs \$ \_\_\_\_\_ Estimated Gas Costs \$ \_\_\_\_\_
Airfare Costs (including baggage fee) \$ \_\_\_\_\_ (Non-PCC Rental Vehicle Only)
Other ground transportation (such as parking, rental, taxi, or tolls) \$ \_\_\_\_\_

b. Lodging Expenses:

Lodging Costs (include hotel/resort fees with taxes) \$ \_\_\_\_\_

c. Meal Expenses for \_\_\_\_\_ days:

Meal Allowance In-State Costs: \$ \_\_\_\_\_ x # of Days \_\_\_\_\_ = \$ \_\_\_\_\_

Meal Allowance Out-of-State Costs: \$ \_\_\_\_\_ x # of Days \_\_\_\_\_ = \$ \_\_\_\_\_

d. Registration Fee:

Registration Costs: \$ \_\_\_\_\_

e. Miscellaneous Expenses (list all specific miscellaneous expenses in detail):

f. Total Expected Expenses:

Overall total: \$ \_\_\_\_\_

Signature of attendee

Date

Signature of supervisor

Date

To be completed by Title III Grant Office:

Approved: Yes \_\_\_\_\_ No \_\_\_\_\_

Approval for \$ \_\_\_\_\_

Approved by: \_\_\_\_\_
Signature

\_\_\_\_\_
Title

\_\_\_\_\_
Date