



Adult Education Out-of-State Travel Form

Purpose

The Michigan Department of Labor and Economic Opportunity – Workforce Development (LEO-WD) requires all state and federal adult education fiscal agents and providers to receive prior approval before using grant funds for out-of-state travel. This is to ensure adult education funds are being used reasonably and participation of the individual is necessary for the federal and/or state award.

Date of Request (MM/DD/YYYY):	Requested by:		_ Ad	dult Education Program Name:		
Section 2: Event Information						
Title of Out-of-State Event:		Date(s) of Event (MM/DD/YYYY - MM/DD/YYYY):				
Event Location:	Event City:	Event City:		Event State:		
Purpose of Attending Event:					-	
Name(s) & Position(s) of Staff Atte	nding:					
Total Number of Staff Attending: Cost per Sta		taff Member: \$	iff Member: \$		Total Cost of Event: \$	
temized Breakdown of all costs: air x3 days), Meals \$30 (x3 days), Reg		•	axi, etc.	. (e.g., Airfar	e \$700, Lodging	
Item	Cost	Quantity			Total	
Airfare	\$				\$	
Lodging	\$				\$	

Section 3: Justification

Meals

Taxi

Other:

Registration

Please provide the justification for why it is necessary for all of the above-named staff members to attend this training, and how this travel supports a specific activity outlined in your grant application(s).

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