

**Title II Travel Authorization Activation Form  
Office of Federal Grants and Program Compliance**

This form must be approved by the Principal or Supervisor and the appropriate Education Specialist and/or Director of the Office of Federal Grants and Program Compliance prior to making any travel arrangements. **All trips funded by Title II must have Title II approval. Request must be submitted no less than 30-45 days before the planned travel date.**

**Trip Information**

Name of Trip/Location: \_\_\_\_\_  
 Planned Travel Date(s): From \_\_\_\_\_ to \_\_\_\_\_  
 School: \_\_\_\_\_  
 GL Account Number \_\_\_\_\_ Activity & Account Category \_\_\_\_\_

**Contact Information**

Employee Name \_\_\_\_\_ Employee No. \_\_\_\_\_  
 Card Number \_\_\_\_\_  
 Position Title \_\_\_\_\_  
 Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Location Address \_\_\_\_\_

**Estimated Cost**

Airfare	\$ _____	Lodging	\$ _____
Baggage	\$ _____	Food	\$ _____
Ground/Rail		Registration	\$ _____
Transportation	\$ _____	Miscellaneous	\$ _____
Parking	\$ _____		

**Total Estimated Cost:** \_\_\_\_\_

I certify that I have read and understand the travel regulations regarding this document and agree that my failure to submit the Travel & Expense Report along with the original receipts within ten (10) business days of the completion of the trip will result in the loss of future travel card privileges. For federal meal per diem rates, please refer to the following website: <http://www.gsa.gov/mie>.

Rationale:

School Goal:

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Principal/Supervisor: \_\_\_\_\_

Principal/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Education Specialist: \_\_\_\_\_

Education Specialist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Director : \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit completed form to: Office of Federal Grants and Program Compliance, 130 Trinity Avenue, S.W., 7<sup>th</sup> Floor, Atlanta, GA 30303