



MINNESOTA DEPARTMENT OF PUBLIC SAFETY
Office of Justice Programs

OUT-OF-STATE TRAVEL REQUEST FORM

Submit completed form to grant manager for approval prior to incurring expenses for out-of-state conferences/trainings

Grantee Agency:		Name of Requestor:	
OJP Grant Number:		Date of Request:	
Conference Sponsor:			
Title & Location:			
Website/Agenda:			
Dates of Conference:		Dates of Travel:	

PROPOSED ATTENDEES

	Name/Position	Agency	Relationship to Grant Project
1			
2			
3			
4			
5			

ESTIMATED COST PER PERSON

Travel expenses covered by the grant must adhere to the [DPS Commissioner's Plan Travel Rates](#)

Item	Calculation	Total Cost	Funding Source (grant, agency, scholarship, etc.)
Registration			
Airfare			
Lodging			
Meals			
Mileage/Taxi			
Other (specify)			
TOTAL			

Are grant funds budgeted and available for the costs above? Yes No - Budget Revision Needed

How will this training specifically promote the achievement of grant objectives?

APPROVAL SECTION - TO BE COMPLETED BY OJP GRANT MANAGER

Training Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Grant Manager:		Date:	
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Comments:

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