

**Institutional Aid-Title III Programs
Strengthening Historically Black Colleges and Universities**

TRAVEL REPORT

Name: _____ Date: _____
Title: _____

Title III Activity: _____ Account Number: _____

Name of Event (Convention, Conference, Meeting, Etc.): _____

Place Held: _____

Date(s) Held: _____

Purpose of Convention, Conference, Meeting: _____

*Highlights: _____

*How will the results of the event assist you in accomplishing Title III goals?

*How will the information gained be shared with others at Jackson State University?

Signatures:

Attendee

Immediate/Title III Activity Supervisor

Director, Institutional Aid-Title III Programs

**Attach Additional Pages If Necessary*

