

UNIVERSITY OF MARYLAND EASTERN SHORE

TITLE III TRAVEL SUMMARY REPORT

**This report should be completed and submitted to the Title III Director's Office
within 10 business days after returning from travel.**

Activity Name: _____

Name of Conference: _____

Name of Person Traveled	Title of Person Traveled	Purpose of Travel	Date of Travel	Travel Destination	Total Cost of Travel	How did participation in this travel promote excellence in education and enhance your performance and/or development?

Date Received by the Title III Office:

Report Submitted by: _____
Signature Date

Activity Director/Coordinator: _____
Signature Date

Title III Director: _____
Signature Date