



Montana Department of Public Health and Human Services
Child and Adult Care Food Program

OUT-OF-STATE TRAVEL JUSTIFICATION

Sponsoring Organization: _____

PURPOSE OF OUT-OF-STATE TRAVEL/TRAINING, *

(Include Name of Meeting and Location-City & State):

ANTICIPATED TRAVEL EXPENSE:

% to be paid from CACFP funds: _____

Travel dates, From: _____ To: _____

Registration fees: _____

Number of miles: _____ x rate per mile = _____

Airfare: _____ Lodging: _____

Per Diem/meal reimbursement: _____ Taxi/parking: _____

Other (specify): _____

Total: \$ _____

Name(s) of CACFP staff person(s) who will attend: _____

My signature indicates assurance that use of CACFP administrative funds for the travel described above supports CACFP operations and will not interfere with ongoing CACFP duties and requirements.

Signature of Sponsor's Authorized Representative **Date**

Signature of State agency Representative **Date**

- Attach a program announcement or other sufficient documentation to verify that this travel is directly related to the CACFP.
- This Attachment T must be submitted with this sponsor management plan so it can be included in the administrative budget. This attachment must be resubmitted containing actual dollar amounts and supporting documentation prior to and closer to the time, and must receive final approval by the State agency before the travel occurs.

This institution is an equal opportunity provider.