

REGION III SPECIAL EDUCATION COOPERATIVE

1800 Storey Lane
Cottage Hills, IL 62018
(618) 462-1031

REQUEST FOR INSERVICE TRAINING ACTIVITY- REGION III STAFF

Name: Position: Date:
District: School/Address
Approved by: (Approval of local district administrator required)
Name/Date

INSTRUCTION:

- 1. Complete the front page of this form and return it to the Director of Region III.
2. Upon approval of your request, this form will be returned to you indicating conditions of approval, if any.
3. At the completion of your inservice activity, you are to complete the summary on the back of this sheet and return this form along with RECEIPTS to be processed for reimbursement. NOTE: Reimbursement will NOT be given for any expenses that do not include an original receipt. Please share expenses when possible.

Inservice Activity:
Date: Location:

Description of Activity (please attach activity brochure to this form when submitting for approval):

Projected Cost of Activity:

Registration (up to \$100.00)
Mileage (round trip in miles) X .535=\$
Accommodations (cost per night)
Meals (\$9.00 max per breakfast per day) (\$13.00 max per lunch per day) (\$21.00 max per dinner per day)
Substitute: Yes No

OFFICE USE ONLY

Date Request Received: Director Approval:
Conditions for Approval:

NOTE: This form must be filled out completely and submitted for approval one month prior to the Activity for which reimbursement is requested. Approval will be returned with Inservice Reimbursement Request Form.

**INSERVICE REIMBURSEMENT REQUEST FORM**

Summary of Inservice Activity: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Evaluation of Activity: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you willing to present the concepts you learned at an Inservice for Region III?  
Yes \_\_\_\_\_ No \_\_\_\_\_

**FINAL ITEMIZED COSTS:** Original receipts for all expenses excluding mileage and this completed form must be submitted to the Director of Region III for reimbursement.

		Expenses Shared with:
Registration Fee	\$ _____	_____
Mileage	_____ (miles)	_____
	_____ (X .535)	_____
Accommodations	_____	_____
Meals	\$ _____	_____
	_____	_____
<b>TOTAL REIMBURSEMENT REQUESTED:</b>		\$ _____

Signature: \_\_\_\_\_  
(Person Requesting Reimbursement)

- NO SUMMARY= NO REIMBURSEMENT
- NO RECEIPT(s)= NO REIMBURSEMENT
- TOLL FEES INCLUDED IN MILEAGE REIMBURSEMENT
- TIPS ARE NOT REIMBURSED
- ALCOHOLIC BEVERAGE COST ARE NOT REIMBURSED

**OFFICE USE ONLY**

\_\_\_\_\_  
District Approval for Reimbursement \_\_\_\_\_  
Date

\_\_\_\_\_  
Director Approval for Reimbursement \_\_\_\_\_  
Date

Apply to \_\_\_\_\_ Account