

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)

INSTRUCTIONS:

- 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.

Separator line of slashes

Inservice Activity:
Date: Location:

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

Projected Costs of Activity:

Registration (up to \$100.00)
Mileage (round trip in miles) X \$.505 = \$ (shared with)
Accommodations (cost per night) (number of nights) (shared with)
Meals (\$ 9.00 maximum per breakfast per day) (\$13.00 maximum per lunch per day) (\$21.00 maximum per dinner per day)
Substitute: Yes No

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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 .505) _____

Accommodations \$ _____

Meals \$ _____

TOTAL REIMBURSEMENT REQUESTED: \$ _____

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 COSTS ARE NOT REIMBURSED**

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District Approval for Reimbursement

Date

Director Approval for Reimbursement

Date

Apply to _____ Account