Peoria Educational Region For Employment and Career Training

2000 Pioneer Parkway, Suite 19C Peoria, IL 61615

(309) 693-7373

SUBSTITUTE REIMBURSEMENT REQUEST

DATE

SCHOOL

SCHOOL ADDRESS

Street City Zip Code

NAME/NAMES OF TEACHERS ATTENDING:

DESCRIPTION OF VISIT OR CONFERENCE AND DATE/DATES: (If possible, attach a copy of program.)

Daily/Hourly Rate

Substitute teacher reimbursement: days/hours at . TOTAL

APPROVED – PRINCIPAL DATE

APPROVED – LOCAL BOARD OF CONTROL MEMBER DATE

APPROVED – SYSTEM DIRECTOR DATE

This approved, signed form must be submitted for substitute reimbursement to the member district.

(Approved 8/22/96)