



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.