



Peoria Educational Region For Employment and Career Training
2000 Pioneer Parkway, Suite 19C
Peoria, IL 61615
(309) 693-7373
Fax (309) 693-7375

REQUEST FOR TRAVEL & REIMBURSEMENT

Requests for attendance should be made as soon as possible and preferably two to three weeks in advance.

NAME _____ DATE _____

SCHOOL _____

CHECK PAYABLE TO _____

HOME ADDRESS _____

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

EXPENSES:

Registration Fees (In advance and mailed directly from this office or receipt required.) _____

Food (Receipts Required) _____

Mileage _____ at 30 cents per mile _____

Hotel/Motel Expense (Single Room Convention Rate – receipts required) _____

Other Expenses & Receipts (Specify) _____

TOTAL REIMBURSEMENT _____

APPLICANT DATE

APPROVED – PRINCIPAL DATE

APPROVED - LOCAL BOARD OF CONTROL MEMBER DATE

APPROVED - SYSTEM DIRECTOR DATE

This approved, signed form must be resubmitted with receipts for reimbursement to the individual or the member district.

Reimbursement will be made in accordance with Travel Compensation Policy.
(Adopted 10/4/96)