

**ILLINI WEST HIGH SCHOOL DISTRICT #307**  
**CONFERENCE REIMBURSEMENT FORM**

*Eligible expenditures include room, meals, travel, fees and costs of any materials  
required for such approved training or conferences.*

Staff Person Requesting Reimbursement:

Title of Conference:

Date(s) & Location of Conference:

**APPROVED COVERED EXPENSES**

**Please attach all applicable receipts.**

**Do not include any expenses which were pre-paid by the District  
(i.e. registration fees) or expenses put on a District credit card.**

Registration Fees	\$
Mileage	\$ (        total miles driven) IRS Rate as of 01/01/20 is .585 cents per mile.
Meals	
Lodging	\$
Misc. Expenses	\$
(Be specific: Toll, parking, etc.)	
<b>TOTAL EXPENSES:</b>	<b>\$</b>

*Reimbursement will be made by Imprest Check or with regular monthly bills  
depending on date request is approved.*

**Principal**

**Superintendent**

☐ NOT APPROVED  
BY PRINCIPAL

☐ NOT APPROVED  
BY SUPERINTENDENT

**THIS REQUEST MUST BE ACCOMPANIED BY A  
FULLY COMPLETED "PROFESSIONAL DEVELOPMENT REPORT"**

*Revised 01/06/22*