

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 57.5 cents per mile.
Meals	
Lodging	\$
Misc. Expenses	\$
(Be specific: Toll, parking, etc.)	
TOTAL EXPENSES:	\$

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

Principal

Superintendent

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NOT APPROVED
BY PRINCIPAL

☐

NOT APPROVED
BY SUPERINTENDENT

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

Revised 01/13/20