

## *Reimbursement Request*

Name:
Conference/Meeting Attended:
Location of Conference:
Dates of Conference/Meeting:

**Please note: receipts are required for reimbursement.**

Use of this form is required by 2:125-E3, Resolution to Regulate Expense Reimbursements

\$	Registration Fees: (Maximum \$200) Please note if registration fee included meals, and attach registration receipt.				
\$	Travel: .535 cents per mile for auto transportation. Maximum of 400 miles per conference. Miles traveled:				
\$	Tollway Fees				
\$	Parking Fees (Attach parking check-out receipt)				
\$	Lodging: Chicago Metro – Maximum of \$175 (Cook, DuPage, Kane, Lake, McHenry, Will Counties) Downstate – Maximum of \$125 St. Louis Metro – Maximum of \$175  _____ nights lodging at \$_____				
\$	Meals – Maximum of \$40 per day				
\$	Other: (Explain in detail)				
\$	<b><u>Total</u></b> – Please indicate if funded by Title 1 or other special funding:				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Superintendent (below maximum allowable amount):</td> <td style="border: none;"> <input type="checkbox"/> Approved   <input type="checkbox"/> Denied  <input type="checkbox"/> Approved in Part   Date: _____         </td> </tr> <tr> <td style="border: none;">School Board Action (exceeds maximum allowable amount):</td> <td style="border: none;"> <input type="checkbox"/> Approved   <input type="checkbox"/> Denied  <input type="checkbox"/> Approved in Part   Date: _____         </td> </tr> </table>		Superintendent (below maximum allowable amount):	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved in Part   Date: _____	School Board Action (exceeds maximum allowable amount):	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved in Part   Date: _____
Superintendent (below maximum allowable amount):	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved in Part   Date: _____				
School Board Action (exceeds maximum allowable amount):	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved in Part   Date: _____				

**(Over – Completion of back of form required for reimbursement.)**

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# Reflections and Feedback

Title of Session, Workshop or Conference:				
Presenter(s):		Date(s):		
Presenter Contact Information:				
1. The most important thing I'll remember and use from this workshop/conference is...				
2. Something that I learned that was unexpected or new...				
3. I have a better understanding of...				
4. I still have questions about...				
5. The first thing I will do as a result of this workshop/conference is...				
6. How will you use information from this workshop to impact student learning?				
7. One thing I learned that I will share with others is...				
8. The next professional development opportunity I need to continue my growth in this area is...				
9. The overall usefulness of this workshop/conference:				
1	2	3	4	5
Not		Somewhat		Very
10. I ____ would ____ would not recommend this presenter for future workshops.				
Name:		School:		Grade Level or Area: