

COAL CITY COMMUNITY UNIT SCHOOL DISTRICT #1
REQUEST FOR ATTENDANCE/REIMBURSEMENT OF PROFESSIONAL DEVELOPMENT

REQUEST

Steps to complete: (1) Complete the **REQUEST** portion of this form. (2) Submit form with completed workshop registration flyer and any other necessary documentation (i.e. hotel) to building Principal. (3) Keep a copy of the approved request.

Name		School	ECC ES IS MS HS	Today's Date	
Name of Meeting		Meeting Location		Meeting Date(s)	

Briefly describe how the learning from this professional development will be utilized in the classroom/school to improve student achievement.

ESTIMATED EXPENSES Itemized receipts must be returned for meal reimbursement. No reimbursement without itemized receipt.		SUBSTITUTE TEACHER – VEHICLE - HOTEL REQUEST Fill out information below if you are driving the school vehicle and will need a substitute teacher. A copy of current driver's license must be on file. Keys can be picked up during regular business hours. (7:30am – 4:00pm)
Workshop Fee:	\$	SUBSTITUTE TEACHER DATES (LIST EACH DATE SEPERATELY)
Breakfast = # Meals x \$16	\$	Half Day Dates:
Lunch = # Meals x \$19	\$	Full Day Dates:
Dinner = # Meals x \$28	\$	Vehicle Pickup Date/Time:
Room Cost:	\$	Vehicle Return Date/Time:
Other:	\$	<u>Hotel</u> Arrival Date:
		<u>Hotel</u> Departure Date:
TOTAL:	\$	Rooming with:

Principal/AD Signature: _____ Date _____

Approved ____ Disapproved ____ Central Office Signature _____ Date _____

IDEA ☐ Title Grant ☐ Account Code: _____

REIMBURSEMENT

Steps to complete: (1) Mark "breakfast", "lunch", "dinner" on back of the appropriate receipt. (2) Attach all original, itemized receipts to this form for verification. (3) Sign & date (4) Send paperwork to District Office.

NO REIMBURSEMENT WITHOUT ITEMIZED RECEIPTS.

REIMBURSEMENT REQUEST (District Office will complete)		VEHICLE INFORMATION
Meals – Breakfast		Vehicle Available: Yes No
Meals – Lunch		Total Miles:
Meals – Dinner		
Other		Vehicle Issued: Silver Van Grey Car
Mileage		
TOTAL		