



CENTRAL ILLINOIS VOCATIONAL EDUCATION CO-OP

101 W. Madison St.

Metamora IL, 61548

civec@mths.us (309) 367-2783



REQUEST FOR TRAVEL & REIMBURSEMENT

School:

School Address:

CTE Teacher(s) Attending Professional/Student Development (one teacher per box):

Date of Professional/Student Development:

Location:

Description of Professional/Student Development (include student total)

Expenses: Fill only what applies to your trip

Dollar Amounts

If you drove your personal vehicle use formula to figure total

Personal vehicle Mileage: Total mileage _____ X current IRS mileage rate _____ = reimb. mileage _____

Bus Rate (as of 6/2022 62.5 cents)

School transportation - Bus: Activity Bus _____ Yellow Bus _____

Registration Fees: Sub Rate

Substitute: Sub Name _____ In House Sub _____ non In House Sub _____ 1/2 Day _____ 1 full day _____

Stipend (if approved)

Lodging (if approved): Number of Rooms _____ Number of nights _____ Room Rate _____ Lodging Total _____

TOTAL REIMBURSEMENT:

Attendee Signature _____ Date _____

Approved - Principal _____ Date _____

Approved - System Director _____ Date _____

Attach all receipts to request