



**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:

**Registration Fees:**

**Personal vehicle Mileage:**

**Bus:**

**Substitute:**

**Stipend (if approved)**

**Lodging (if approved):**

Total mileage \_\_\_\_\_ X current IRS mileage rate .73 = reimb. mileage  
(as of 2026 .725 cents)

Activity Bus \_\_\_\_\_ Yellow Bus \_\_\_\_\_

1/2 Day \_\_\_\_\_ 1 full day \_\_\_\_\_ In House Sub \_\_\_\_\_ non In House Sub \_\_\_\_\_

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