



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 _____ = reimb. mileage _____

(as of 2025 .70 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