



**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:**

Total mileage \_\_\_\_\_ X current IRS mileage rate \_\_\_\_\_ = reimb. mileage \_\_\_\_\_  
(as of 2024 .67 cents)

**Bus:**

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

**Substitute:**

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

**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