



Intermediate Service Center No. 2

Phone: 708/544-4890 Fax: 708/544-4891

Approval # \_\_\_\_\_

## System of Support – FY10 Reimbursement/Payment Request

Districts are to pay for expenditures initially. Once the event has taken place, please request reimbursement **AS SOON AS POSSIBLE**.

Dist No: \_\_\_\_\_ School Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Original Date of Event: \_\_\_\_\_

To Be Submitted:  **Monthly** (for ongoing professional development throughout the year)  
 **Within 30 days of EVENT** (for single event)

Brief Description: \_\_\_\_\_

For Professional Development Travel related **ACTUAL** expenses please itemize below:

	<u>Description</u>	<u>Amount</u>
Registration Fees:	_____	\$ _____
Consultant Fee:	_____	\$ _____
Hotel/Motel:	_____	\$ _____
Transportation		
Air Travel:	_____	\$ _____
Taxis/Tolls:	_____	\$ _____
Mileage:	_____ miles x \$.55=	\$ _____
Conf. Related Meals: <small>(not to exceed \$45/day p.p.)</small>	_____	\$ _____
Books / Materials:	_____	\$ _____
Substitute Teacher:	_____	\$ _____
Cur. Pay/Stipends:	_____	\$ _____
Other:	_____	\$ _____
<b>Total Amount To be Reimbursed:</b>		<b>\$ _____</b>

Signature of Site/District Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Payable to (please print): \_\_\_\_\_

Address of where check should be mailed: \_\_\_\_\_

→ Attach ←

- 1) Copy of Step 1 – P D Initial Approval Request Form
- 2) District INVOICE for total reimbursable amount
- 3) Copies of Receipts/Supporting Documents
- 4) Mail to West 40 – Attn: Denise Armenta

West 40 ISC#2 Use Only

\_\_\_\_ Approved  
 \_\_\_\_ Date  
 \_\_\_\_ Entered